

**MISSISSIPPI STATE
DEPARTMENT OF HEALTH**

FY 2000 - FY 2004

OPERATIONAL PLAN

**Prepared by
Policy and Planning
Office of the State Health Officer
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DISTRICT PLANS

NORTHWEST PUBLIC HEALTH DISTRICT I

Major Health Status and Demographic Indicators:

The Northwest Public Health District has a population of more than 250,000 people, with nine hospitals whose potential is 1,000 beds. All nine counties are designated as medically underserved areas. The largest county is DeSoto, the fastest growing county in Mississippi. In six of the district's nine counties, the poverty rate exceeds the state average. In the same six counties, the percentage of female headed households exceeds the state rate of 50.6 percent. The presence of the gaming industry and growth of related businesses in Tunica County, as well as the dramatic population growth in DeSoto County, continues to greatly impact the workload of the environmentalists in the northern counties in the district.

Major Service Delivery Problems Identified:

Since much of District I covers rural areas where few health care services are available, the lack of transportation remains a major barrier to medical care for many people. Although a rural transportation system covers a portion of District I, it does not meet the needs of health department patients. The pick-up times are not convenient and scheduling is very difficult. Other accessibility issues include inadequate payment sources, a lack of understanding of how the system operates, waiting times, and a lack of handicap accessible buildings. Although the number of health care providers has increased in some counties, statistics indicate that the district continues to have unserved family planning, child health, and WIC eligibles. Many clients who previously sought health care services from the local health department have been assigned other providers as a result of HealthMACS. Many people who previously did not access health care services continue without those services. The increase in availability has not necessarily meant an increase in accessibility. The 8 a.m. to 5 p.m. work schedule does not always meet the needs of the working population. The number of Spanish speaking clients continues to increase. Increased case loads and expansion of services have placed extra demands on physical facilities.

Numerous psychosocial problems associated with patients served by District I have been identified. Poor housing, lack of food and medicine, extreme poverty, lack of family support, and a variety of other problems all interfere with the well-being of patients and impede their recovery from or improvement in medical conditions. Without assistance, many of the patients are incapable of accessing the services and care they need. This fact suggests a need for a strong social services component within the health department. The MSDH is involved in many programs that require nutrition services, including WIC, perinatal case management, and home health. In those counties without full-time nutrition services, the nursing staff is overburdened with WIC certification.

Changes in environmental health guidelines and regulations have resulted in increased demand for services provided by District I's environmentalists. Due to the high growth in DeSoto County, five environmentalists and a designated clerk are based in a satellite facility. The loss of staff and hiring constraints, coupled with the cumbersome recruitment and hiring procedures, have put the district at a critical point. This situation has severely impacted service delivery and staff morale.

Major Strengths and Resources Identified:

District I is served by the Aaron Henry Community Health Center (AHCHC) in Clarksdale, Friars Point, and Tunica. AHCHC also operates school-based clinics in Sumner and Marks. An excellent working relationship and referral system exists with these clinics and other rural health centers, as well as with hospitals in the district. The District I staff has a team approach to planning and problem solving focused on integration of services. This approach has allowed the district to successfully expand new programs.

Considerable expertise exists with the current staff in District I. Full time staff include an internal medicine physician, an obstetrician/gynecologist, and a pediatrician. Two agency physicians in the district hold a Masters degree in Public Health. The district has two full-time and one part-time nurse practitioners to assist with clinical duties. Social workers and nutritionists provide services in each of the district's nine counties (some counties part-time only). As part of the WIC program services, each county has access to the services

of lactation specialists for information on and support of clients who are breastfeeding. Lactation specialists are trained to certify breastfeeding mothers and their infants for the WIC program.

The district has had continuing support from many private physicians. An excellent rapport exists with private obstetricians in Coahoma, Grenada, Tate, and DeSoto counties and with private pediatricians in Coahoma and Grenada counties.

The Infant/Toddler Coordinator and Genetics Social Worker cooperate with other agencies, organizations, private physicians, hospitals, and community groups to identify and address problems with the health care system. Their efforts have improved communication and coordination of services among the various players on the health care team. Each county has a systems coordination group meeting on a regular basis. Children in Grenada and Yalobusha counties receive services at the Project Run Satellite Center in Grenada County. Children in DeSoto County receive services at the DeSoto Project Run Satellite Center. The Panola and Quitman County Health Departments offer libraries for Early Intervention families and service providers. Libraries have also been established in the Project Run Satellite Centers in DeSoto County and Grenada County. The district's special clinics include the Orthopedic Children's Medical Program clinic in Clarksdale; Sickie Cell clinic in Tate County; Genetics clinic in Batesville; and Colposcopy clinic in Grenada, Water Valley, Marks, and Hernando.

District I received a Special Initiative grant to address problems with the increasing number of Hispanic clients in DeSoto County by hiring an interpreter and a part-time bilingual clerk.

The PHRM program is operational in all counties. Case management services were expanded to non-Medicaid mothers and babies in Quitman and Tallahatchie counties by the Safe at Home project, which was funded by a Phase II Delta Futures Health Start initiative. In 1999, the Healthy Start Project was expanded to 10 counties, adding Coahoma and Tunica under Tugaloo College, Delta Partners Care. The Safe at Home project will be established in these counties.

The district's Home Health program is operational in all regions. Four counties have planning commissions and/or county regulations to ensure that environmental health issues are addressed in new construction.

The Violence Prevention program funded by the preventive block grant developed resource seminars for school, church, and community groups. Seminar teams consisted of representatives from the justice system, the Department of Corrections, and community leaders. Teams presented programs on conflict management and the consequences of crime to elementary and middle school students in the county school districts of South and North Panola, West and East Tallahatchie, Quitman, and Coahoma. The South Panola Community Violence Prevention Task Force established a Boys and Girls Club in Batesville. Working with the Governor's Commission on Physical Fitness and Exercise, the district provided a team to conduct the Fitness Gram measurement for students in physical education classes for five county school districts: North and South Panola, DeSoto, Tate, and Grenada. Fitness Gram is a national assessment tool of a child's physical fitness, measuring muscular strength and the flexibility of spine aerobic ability and comparing the results with those of students around the nation. Community Education/Outreach projects will be continued throughout the district, and staff will seek opportunities to collaborate with other entities.

Economic forces and budgetary constraints, coupled with managed care, hasten the need to combine the nursing and clerical supervisory staff of Tate, Tunica, Coahoma, Quitman, Grenada, and Yalobusha Counties.

FY 2000 Objectives:

- ! To increase to 95% the number of fully immunized two-year olds.
- ! To continue to accurately monitor STD/HIV incidence, prevalence, and trends.
- ! To target syphilis/HIV screening on high risk populations (crack-houses, crack users, etc.) in the district's problem counties of Coahoma, Grenada, and Panola, and target other counties as needed.
- ! To meet all state and Federal standards for licensure and certification of the Home Health program.
- ! To maintain Home Health per visit/per episode costs at or below cost caps.
- ! To increase Home Health visits in Grenada and Carroll counties.
- ! To establish active Sickie Cell Family Cluster Groups as support groups, with a parent of a sickie-cell child as cluster leader.

- ! To visit each of the CHC sites to provide technical assistance and training to encourage accurate and timely reporting of clients receiving family planning services.
- ! To expand WIC certification and risk screening activities in hospitals, particularly NWRMC, Clarksdale; Baptist DeSoto, Hernando; and Panola County Hospital, Batesville.
- ! To increase by 15% the number of home visits to part-partum women on Medicaid.
- ! To assist Panola County in establishing more stringent development codes.
- ! To expand staff clinician duties to include evaluation of TB preventive patients.
- ! To add at least one District I TB Medical Consultant.
- ! To add two additional counties, Grenada and Quitman, to HepB vaccination of 6th graders.
- ! To visit health care providers annually to ensure awareness of the reportable disease process and provide assistance and/or intervention where indicated.

FY 2001 Objectives:

- ! To work with the Office of Health Communication and Public Relations to conduct media awareness campaigns on STDs in high morbidity areas.
- ! To network with private providers, local hospitals, and community groups to provide programs to enhance parenting skills.
- ! To network with private providers and community agencies to identify case management services for all mothers and infants.
- ! To increase the varicella vaccine coverage levels by 10% for all children in District I.
- ! To increase to 95% the number of fully immunized two-year olds.
- ! To add two additional counties, Coahoma and Tunica, to HepB vaccination of 6th graders.
- ! To expand TB case conference to at least once per month in two sites.
- ! To provide TB skin testing certification workshops quarterly for District I staff and the private medical community.
- ! To provide increased comprehensive services such as PT, SI, and OT in all counties where Home Health is licensed.

FY 2002 Objectives:

- ! To increase to 98% the number of fully immunized two-year olds.
- ! To conduct HAACP at all food establishments.
- ! To maintain the prospective pay system within limits.
- ! To improve management skills of DIS staff in the area of epidemiology by assuring staff attend training sponsored by the Division of STD/HIV.
- ! To provide TB education for the School of Nursing in District I.
- ! To increase the number of presentations regarding teen pregnancy prevention and family planning services by 10%.
- ! To increase varicella vaccine coverage levels by 10% for all children in District I.
- ! To add two additional counties, Tallahatchie and DeSoto, to HepB vaccination of 6th graders.

FY 2003 Objectives:

- ! To maintain 98% fully immunized two-year olds.
- ! To provide updated STD/HIV information to the private sector providers in District I.
- ! To decrease TB preventive therapy delinquency ratio to 5%.
- ! To increase the adult immunization levels by 20%.
- ! To serve 85% of the family planning target population by local health department or primary care providers.
- ! To increase varicella vaccine coverage levels by 10% for all children.
- ! To increase PHRM referrals from private providers by 5%.

FY 2004 Objectives:

- ! To provide TB skin testing certification workshops to 5% of nursing home and hospital staff.

- ! To increase varicella vaccine coverage levels by 10% for all children.
- ! To collaborate with local colleges and universities to provide strategies to control STD/HIV on college campuses.
- ! To increase health promotion efforts related to smoking and pregnancy by 5%.

Methodology:

Operational Improvements: The core supervisory staff will continue to meet regularly with county staff to discuss special problems, desired outcomes, and strategies. The district will include counties as an integral part of the planning process and attempt to enhance team capabilities. A patient satisfaction survey will be administered at all county health departments. The district supervisory staff will be utilized on a limited basis to provide direct patient care services. External facilitators will conduct at least three staff development training sessions targeted for supervisors. The annual district-wide inservice will foster team building and provide an opportunity for mass staff development.

Community Education/Programs: The district will continue to recruit volunteers in all counties. The PINAH community facilitator will coordinate the established activities of health advisors in Marks and Sardis. District staff will continue to collaborate with and serve as resource persons for various community activities such as Hold Out the Lifeline, PINAH, Project Lifestart, Resource Moms, and cardiovascular disease prevention.

Developing partnerships with other entities remains a priority. The district has established partnerships with schools, civic organizations, hospitals, and local volunteers to provide abstinence education in the schools; partnerships with the University of Mississippi and South Panola schools to provide consultation and training to parents of high risk children (Even Start Program); partnerships with AHCHC, Project YOU, Deporess Health Centers, and the Enterprise community to promote the establishment of school-based clinics; partnerships with schools, local law enforcement, National Guard, and the Cooperative Extension Service (4-H) to provide accident prevention, bicycle safety, and violence prevention in the schools; and partnerships with local civic clubs, hospitals, and churches to provide assistance to an HIV/AIDS support group in Tate County.

Family Planning: The MCH/FP staff will continue to collaborate and possibly expand efforts with rural health care centers, school based clinics, and community health centers to make family planning services more accessible and available to teens. A special initiative in Grenada will target abstinence education.

Maternal and Child Health: The FSEIP district coordinator will develop an Early Intervention Plan for the district through the Systems Coordination meetings. County referrals for genetic screening will be coordinated by the district genetic social worker, who will maximize usage of Mississippi clinics. The genetic social worker will provide case management to CMP clients through a district tracking system. The PHRM program will be continued in all counties. Postpartum home visits will be made utilizing clinic and home health staff as available. The FSEIP district coordinator and the genetic social worker will provide the needed networking for child health services. Local screenings will be conducted in selected counties. In collaboration with the University of Mississippi, faculty and students from the areas of Special Education, Psychology, Family and Consumer Sciences, Communicative Disorders, and Social Work will participate in the assessment and subsequent development of the Individualized Family Service Plan (IFSP). Early Intervention principles will be incorporated into class curriculum in these schools. Faculty will provide technical assistance to child care providers on Part C regulations and inclusive education practices. The University will provide Head Start and local school districts with training and technical assistance related to Part C and their role in Early Intervention.

Epidemiology: The district epidemiology nurse, along with other district staff, will continue to coordinate the availability of the STD/HIV/AIDS presentation training to insure that sufficient staff are available for presentations to the professional and lay community. County health department staff will make all efforts to avoid "missed opportunities" to immunize a child. The TB nurse will conduct quarterly visits to the private

medical community and all county health departments to increase knowledge of the TB program and provide quality assurance.

Social Services: Social work coverage will be provided in each county by assessing current staffing patterns to assure appropriate utilization of staff. Social Services provides field placement instruction and training for area students of social work. A psychosocial assessment and a plan of intervention will be initiated on each client whose social problems are directly impeding his/her response to medical treatment. With the assistance of county social workers, a resource directory for referral of patients will be developed and distributed for use in the nine counties.

Home Health: Social workers and nutritionists are available for consultation. Staff is conducting promotional efforts through health fairs.

Nutrition/WIC Services: Nutritionist coverage will be provided in each county. The amount of coverage will be determined by WIC caseloads and the number of clients needing PHRM services. Staff meetings will be held on a regular basis and all staff will be expected to participate. Semi-annual joint meetings with nutritionists and WIC warehouse staff will be held. In an effort to decrease the district's failed-to-participate rate, WIC clients will be reminded of failure to pick up food packages on a weekly basis rather than at the end of the month. Modified WIC distribution center schedules will be used to adequately serve customers district-wide. In an effort to reach children from ages two through five, the nutritionist in Grenada County is providing WIC services at local child daycare centers.

Clinician Services: Additional training will be offered to health department clinicians through quarterly inservices and semi-annual medical meetings using instructors from within and outside the agency.

Environmental Health: Frequency of inspections will be monitored through monthly reports from environmentalists.

Evaluation: The percentage of target populations served, encounter reports, and registration reports will be used for evaluation. Regular record reviews for all disciplines will help determine quality and accomplishments of the various programs. District staff will conduct record audits on a quarterly basis, and a formal program audit will be conducted once per year. Outcome measures to evaluate the long-term impact of changes on health status will include infant mortality and morbidity data. Changes in waiting times for clinic services will be evaluated by patient flow analysis, clinic workload analyses, and waiting time surveys. Statistics and data/reports generated by various programs at the Central Office level will be utilized to determine the effectiveness of programs at the county levels (i.e. WIC failed-to-participate rate, STD rates, TB reports, immunization rates, etc.) Environmental health programs will be evaluated using the data contained in the present reporting system. In addition, regional supervisors and the district environmentalist supervisor will perform on-site audits to ensure compliance with policies and procedures. District staff will conduct semi-annual evaluations of achievement toward district plan objectives.

Support Needs: The typing test has culled a number of good prospects for medical records clerks. The district needs assistance from the Office of Health Communications and Public Relations to develop localized information/marketing materials that promote the Health Department and enhance its image in the community. The district needs assistance from Staff Development to develop an orientation program for all new employees and to arrange for training in several areas noted separately. Other needs include additional funds to purchase computer equipment for the six remaining health department sites that do not have access to the network system and approval and funding to install computer equipment at Como Clinic (Panola) and Coffeeville Clinic (Yalobusha) so that staff can access PIMS.

NORTHEAST PUBLIC HEALTH DISTRICT II

Major Health Status and Demographic Indicators:

District II is composed of 11 rural counties bordering the Tennessee and Alabama state lines. The total population for District II is approximately 292,000, with a racial make-up of 20% nonwhite and 80% white. The average percentage of births to teens for the district is 21.3 per 1,000 live births. A significant percentage of the target population for family planning services and child health services seek care through the county health departments. In addition, the population of District II demonstrates a significantly high prevalence of genetic disorders and physical and mental disabilities among the pediatric population. Because of the changing health care environment, District II has experienced significant changes during the past year and will be affected by significant changes in the future. This district has been instrumental in developing cooperative arrangements with all local maternity providers to ensure that patients receive adequate maternity care. In collaboration with local OB/GYN groups, a prenatal clinic called Healthy Start was established to provide services to citizens in Lee and surrounding counties. Nurse practitioners working for a local OB/GYN group provide the maternity services, and health department staff provide Perinatal High Risk Management, WIC, and breastfeeding counseling services. This district has also been affected by the explosion of certified rural health clinics (RHCs). Local hospitals and private physician groups have established several RHCs within the district. Because of the expansion of RHCs and new delivery sites, patients in the district now have several choices of where to receive health care services. In addition to the rural health clinics, Lee, Alcorn, and Tishomingo counties have established Good Samaritan clinics that provide medical, dental, and pharmaceutical care to the "working poor", temporarily unemployed, and homeless population.

In an effort to increase the number of family planning users, the district has contracted with three outside providers to provide with birth control methods, pamphlets, and other relevant information.

Implementation of the Vaccine For Children program has affected District II by adding more providers of immunization services and increasing patients' access. North Mississippi Medical Center initiated a Family Practice residency program in July 1995, which further increased accessibility to health care providers within the district. District II has implemented joint management agreements with private maternity and family planning providers, increasing the options for clients and enabling clinics within the district to expend more time on preventive health services. The state's first private contract correctional facility opened in Marshall County in June 1996, housing 1,000 inmates and employing 350-400 people. The Marshall County Correctional Facility has increased the work load of this district, especially in the STD program.

Major Service Delivery Problems Identified:

Five hospitals in this district provide delivery services. In Lee County, a Department of Human Services (MDHS) eligibility worker is based at the health department. In Marshall County, another MDHS eligibility worker is based at the Northeast Mississippi Health Care Center. Indigent patients continue to have problems with adequate access to both transportation and medical services. The lack of transportation also influences access to health care for non-Medicaid patients. For these and other reasons, many residents do not have a medical home or ready access to medical care when needed. The distance and time involved in attending specialty clinics is also a major deterrent to receiving health care services. This district has maintained a stable district and county nursing staff; however, the recruitment and retention of clerical staff has adversely impacted the district.

Major Strengths and Resources Identified:

The state's second largest medical center is located within District II. The district has a broad economic base and the second largest manufacturing payroll in the state, with a good level of employment. There is close interaction with local governmental agencies and community development foundations. The district also maintains an excellent working relationship with the local medical providers and hospitals. There are three universities and two community colleges, two of which offer an Associate Degree in nursing and one a B.S. in nursing. The local county health departments in this district are viewed as an integral part of the

community. There is a good working relationship with the media in all the counties. There are two full-time physicians, one full-time nurse practitioner, two part-time nurse practitioners, and five part-time physicians working with the health departments.

The Regional Rehabilitation Center and McDougal Center, located in Lee County, and the North Mississippi Regional Center, located in Lafayette County with a satellite in Prentiss County, provide comprehensive mental health and rehabilitative services. District II has a strong social service program, a strong children's medical program, and a strong early intervention program. Health promotion and education activities are wide-based, and the program strives to impact behaviors which affect the population's health. The district also has a Children's Medical and Genetics Program that offers speciality clinics in orthopedics, cardiology, cleft lip and palate, and genetics. These clinics provide medical care that patients within the district might not otherwise be able to access.

District II has the largest PHRM program in the agency, presently serving approximately 720 patients per month within the district's 11 counties. The district also strives to increase the number of children who are age-appropriately immunized. To accomplish this goal, district personnel have made immunizations a major priority and have implemented after hours and Saturday clinics to increase access for the public.

FY 2000 Objectives:

- ! To decrease the district WIC failed-to-participate rate to 5%.
- ! To ensure that case management services are available to all infants/toddlers with special health care needs in the district.
- ! To implement the HACCP program for all food establishments.
- ! To maintain the repeat levels of newborn screening at 5%.
- ! To increase the basic immunization level of two year old children to 90%.
- ! To maintain a syphilis cluster index of 1.0% per case interviewed.

FY 2001 Objectives:

- ! To decrease the WIC failed-to-participate rate to 4.9%.
- ! To continue to maintain certification and standardization of environmentalists and to have adequate staff to properly administer all program responsibilities.
- ! To maintain the current level of services for case management in PHRM and FSEIP.

FY 2002 Objectives:

- ! To decrease the WIC failed-to-participate rate to 4.8%.
- ! To increase the basic immunization level of two-year old children to 92%.
- ! To decrease the district percentage of total live births to teens by 5%.

FY 2003 Objectives:

- ! To decrease the WIC failed-to-participate rate to 4.7%.
- ! To increase the basic immunization level of two-year old children to 93%.
- ! To decrease the district TB case rate to 9.5 cases per 100,000 population.

FY 2004 Objectives:

- ! To decrease the WIC failed-to-participate rate to 4.6%.
- ! To conduct 11 tobacco prevention/cessation programs, and injury prevention programs district wide.

Methodology:

WIC Program: Breastfeeding program staff will provide education and support for maternity and breastfeeding WIC clients, with outreach to hospitals and private physicians. The district distribution center supervisor will monitor failed-to-participate rates and use floaters as necessary to contact clients who are not picking up food packages in counties where the failed-to-participate rate is highest.

Maternal/Child Health/Family Planning: A tracking system will be established to ensure that Medicaid patients receive postpartum family planning services. District II provides postpartum home visits and has a nurse in three delivering hospitals to provide WIC, postpartum, and birth control methods.

Children's Medical Program/Genetics: The district nurse consultant for the Children's Medical Program (CMP) and Genetic Screening Program will maintain contact with private providers and attend specialty clinics. Information from these contacts will assist the case manager at the county level in coordinating services for CMP/Genetic patients. All health department disciplines will receive instruction in identifying CMP patients to update applications as needed and assist with enrollment for new patients. A CMP information sheet will be mailed to District II private providers concerning available services. With assistance from the State Genetic Program, the district nurse consultant will identify problems with newborn screening tests and work with local providers to assure prompt and accurate collection. The county case manager will coordinate follow-up for the screenings identified as confirmed or suspect.

Epidemiology: The district nurse epidemiologist, TB coordinator, STD supervisor, and immunization IAP nurse will visit infection control/employee health personnel in each hospital, rural health clinic, laboratory, and correctional facility in the district to improve epidemiology awareness and surveillance.

Immunization: District and county immunization staff will provide immunization clinics and complete monthly audits on each county and provide feedback to the district staff on the tickler and recall system in all counties.

Sexually Transmitted Diseases: Concerted efforts will be made to increase contact follow-up; public awareness; and to lowering STD case rates by working with emergency rooms, infection control nurses, laboratories, and RHCs.

Tuberculosis: The TB Coordinator will work closely with the TB consultants and TB caseload manager in each clinic to ensure standardized policies and procedures concerning six month protocol and to establish a diagnosis within 90 days of TB suspects. The District TB Nurse Consultant will work closely with the TB caseload manager in each clinic to ensure that high risk contacts are examined in a timely manner. The local physicians will review these records and initiate preventive therapy.

Environmental Health: Workload and program priorities will be evaluated district-wide in an effort to maximize utilization of staff. The Bureau of Environmental Health will continue to provide training for the district, regional, and county environmentalists.

Social Work: Social work coverage will be provided in all 11 counties; staff will work with community service agencies to increase public awareness about agency services and to ensure that all persons at risk have access to health care. Each county will maintain an up-to-date resource directory. The district will utilize social services for case management, direct counseling, referral, and consultation; and the social worker will serve as a liaison between the agency, public and private providers, and community organizations.

Health Promotion and Education: The District Health Educator will distribute educational material and provide educational programs to schools and community groups to increase knowledge in the areas of AIDS/STD education, teen pregnancy, birth control methods, substance abuse, injury prevention, and other preventive health problem areas.

Evaluation: Evaluation will consist of ongoing surveillance of process and outcome indicators. Process indicators include: percent of target population served by program (including environmental health services); the number of patient encounters; timeliness of service; appointment waiting times; walk-in waiting time; efficiency reports; and chart reviews for procedural standards. Outcome indicators include statistics for infant births, morbidity, deaths, adolescent pregnancy rates, reportable infectious disease incidence/prevalence,

chart reviews for outcome standards, percent of the target population breastfeeding, cure rates for infectious diseases, and immunization compliance rates.

Support Needs: The district has submitted requests for equipment and funds through the budget request process.

DELTA HILLS PUBLIC HEALTH DISTRICT III

Major Health Status and Demographic Indicators:

District III is best characterized by change, challenge, commitment, and coordination. Located in the northwest part of Mississippi, it consists of five delta counties (Bolivar, Humphreys, Leflore, Sunflower, and Washington) and four hill counties (Attala, Carroll, Holmes, and Montgomery). Over the past quarter century this area has undergone many changes: mechanization of farm operations, desegregation, emigration of much of its population, and industrialization. Each change has brought challenges: unemployment, overcrowding of cities and towns, integration of schools, and increased need for housing and health services. Each of these changes or challenges has been met by the commitment of many federal, state, and local resources which have had a major impact on the problems. In spite of the great steps forward and major improvement, this district is still last in most economic, health, housing, and education indicators because it started so far behind most other areas of the state.

All nine counties in District III have poverty rates among the highest in the state. This district has the state's highest proportion of non-white to white population. Most providers accept Medicaid patients; however, there is a shortage of obstetricians, pediatricians, and family practice physicians. Three community health centers in the district offer limited service to residents in many areas: Delta Health Center serves Bolivar, Sunflower, and Washington counties; a "330" clinic in Humphreys County is an extension of the G. A. Carmichael Community Health Center; and Mallory Health Center serves Holmes and Carroll counties.

Historically, the infant mortality rate has been the state's highest, reflecting a high post-neonatal death rate and one of the highest percentage of teen births in the state. The teen birth rate has not changed appreciably even though the number of teen pregnancies has declined markedly. This occurrence is due to a decreasing proportion of births to women 20 to 44 years of age. District staff are encouraged by the recent improvement in neonatal infant mortality.

District III generally has had a TB case rate higher than the state average of 10.8. Five of the counties have a gonorrhea case rate significantly higher than the state's. Also, several of the counties have higher early syphilis case rates than the state. Washington County has had and continues to have an early syphilis epidemic. The district is currently experiencing an outbreak of HIV among teenaged females, with a current concentration of five newly diagnosed HIV cases in Leflore County.

In 1998, nearly 100% of children enrolled in licensed daycare facilities had completed immunizations. In 1997, District III had the highest rate (greater than 90%) of two-year old population completing basic early childhood immunizations.

District III has been fortunate to have strong leadership and competent staff both at the county and district levels. It has enjoyed a long partnership with the private medical practitioners, local hospitals, and other health, social, and educational agencies. In Washington County, a system exists which includes an obstetric group practice with six private obstetricians, two private hospitals, and the health department where total prenatal, delivery, and postpartum care is provided for Medicaid-eligible and medically indigent women. Prenatal patients have access to care 24 hours a day, seven days a week.

The number of rural health clinics has expanded rapidly, with most being conversions of existing physician offices to improve reimbursement for services rendered to covered clients. Others are expansions of current clinical services by obstetrician/gynecologists to meet the increasing demand for quality obstetrical care and to provide high level patient health education, monitoring, and surveillance, such as the clinics established in Grenada and Leflore counties. Other challenges and opportunities involve health care reform and the expansion of the catfish industry, including the provision of health services to their employees through third party insurance companies, preferred provider agreements, etc. The district has opportunities to contract with rural health clinics, private providers, and private corporations to provide essential public health services, health promotion, health education, risk reduction, health surveillance, and health screening endeavors.

Special Initiatives:

Partners for Improved Nutrition and Health (PINAH) is a five year pilot "self-help" program sponsored jointly by the Freedom from Hunger Foundation, the Extension Service, and the MSDH. In Humphreys

County, the program is community-based with the development of community health advisors who provide outreach, health education, and health promotion. The other PINAH component in Leflore County will utilize Expanded Food and Nutrition Education Program (EFNEP) aides to work with health department prenatal WIC participants in an effort to improve nutrition and therefore birthweight, thereby lowering infant mortality. In Holmes County, a team composed of the MSDH, Methodist Hospital of Middle Mississippi, a private physician, and three nurse midwives provide prenatal services, delivery, and postpartum follow-up for 80% of all pregnant women in the county. In addition, District III has lactation specialists in all nine counties working with WIC maternity clients to encourage and support breastfeeding. The district has concentrated on coordinating efforts with delivery hospitals and private physicians, as well as health department staff, to increase the number of breastfeeding women in these target counties.

The cardiovascular demonstration project partnership in Bolivar County to control and prevent hypertension is now in its third year. This project is a collaborative effort of the Mississippi Extension Service, Delta State University School of Nursing, the Health Department, and Delta Health Center. The first year involved a needs assessment; the second year included community based control and compliance (targeting industry, businesses, and churches); and the third year is devoted to behavior modification in western Bolivar County and Benoit middle school children (prevention).

Major Service Delivery Problems Identified:

District III is located in an isolated rural area of the state where the lack of transportation makes access to medical care difficult. The implementation of HIV counseling and testing with no additional staff has taken available manpower from other services in all counties due to the large numbers of persons being tested for HIV infection. The district has a similar problem with Hepatitis B testing in pregnant women. Within the first year of implementing this component, the Maternity Program had accumulated the highest load of patients and their offspring needing Hepatitis B vaccination and follow-up in the state. Waiting times in all counties for family planning, maternity, infant care, and WIC appointments are excessive. This situation is due to a combination of factors -- high demand (target populations served which are much higher than state averages), staff shortages (ten nursing vacancies), insufficient number of staff, vacancies, and inability to recruit staff (particularly nurses) because salaries are not competitive with local private home health agencies.

Other problem areas include high TB case rates, very large numbers of TB patients on DOPT, very high gonorrhea and chlamydia case rates, and high early syphilis case rates. Health District III now ranks fourth in the number of AIDS/HIV infected individuals. The new on-site wastewater disposal law and child care regulation changes have increased demands on limited environmental staff to the point where necessary attention to other areas falls short of program goals/guidelines.

FY 2000 Objectives:

During FY 2000, Health District III will downsize and restructure, with a focus on the "customers and their needs" rather than the problems associated with implementing agency programs. The district will build on the clients served rather than on funding sources. Areas for efforts to be focused include:

- ! To implement community assessment of one county in the district. This assessment will secure community participation in developing a plan for reduction/elimination of certain health department primary care services such as maternity clinics while attempting to expand traditional public health activities such as health education, health promotion, home visitation of at-risk patients, and improving access for persons outside the mainstream to appropriate providers as health care reform is implemented. It will also allow for new partnerships to be developed in assuring the public's health.
- ! Implement CAHP diabetes community-based control program in Sunflower County.
- ! To establish a district-wide, cross-trained, multi-disciplinary epidemiology team.
- ! To establish a rabies, SLE, and foodborne disease surveillance network.
- ! To expand routine TB/STD/HIV testing of city/county jail prisoners to one additional county.
- ! To integrate/consolidate implementation of programs for children with special needs (CMP, FSEIP, sickle cell, genetics, etc.) in the district.
- ! To reduce the number of teen births by 10% per year.

- ! To consolidate small rural water associations into area-wide and county-wide water associations or cooperatives to improve the maintenance and operation of public water systems.
- ! To maintain infant mortality at or below the state rate.
- ! To reduce breast and cervical cancer deaths in post-childbearing age women (44-65 years) through implementation of the Breast and Cervical Cancer grant and expanded colposcopy/cryo services.
- ! To ensure that at least 90% of two-year olds complete basic childhood immunizations. District III will conduct the Adolescent Hep B Program for the second year in a row in all counties.
- ! To ensure that at least 60% of adults over 60 years of age receive flu immunizations in the fall of 1999.
- ! To reduce the STD case rate by 5% through increased contact follow-up and an intense public awareness campaign. Expand chlamydia project to Holmes, Bolivar, and Sunflower Counties.
- ! To reduce TB case rates in the district by 10% by providing DOT INH prophylaxis to persons with positive PPDs.
- ! To implement an injury prevention program in two school systems per year so that every county will have at least one program operational by the year 2006.
- ! To expand PINAH/CHAN to two communities per year so that by 2001, this program will be operational in 10 communities in District III.

FY 2001 Objectives:

- ! To maintain the infant mortality rate at or below the state rate.
- ! To continue community participation in revising a plan for reduction/elimination of certain health department primary care services while expanding traditional public health activities such as health education, health promotion, home visitation of at-risk patients, improving access for persons outside the mainstream to appropriate providers as health care reform is implemented, and surveillance.
- ! To ensure that at least 95% of two-year olds complete basic childhood immunizations.
- ! To reduce the STD case rate by 5% through increased contact follow-up and an intense public awareness campaign.
- ! To reduce TB case rates in the district by 10% by providing DOT INH prophylaxis to persons with positive PPDs and routinely screening county jail prisoners for TB infection.
- ! To develop an implementation strategy for the Comprehensive School Health Education Program.
- ! To reduce the number of teen births by 10%.
- ! To consolidate small, rural water associations into area-wide and county-wide water associations or cooperatives to improve maintenance and operation of public water systems.
- ! To expand PINAH/CHAN to two communities per year so that by 2002, this program will be operational in 12 communities in Health District III.
- ! To expand community based CVD Prevention Program to Sunflower County.

FY 2002 Objectives:

- ! To maintain the infant mortality rate at or below the state rate.
- ! To continue community participation in revising a plan for reduction/elimination of certain health department primary care services.
- ! To ensure that at least 95% of two-year olds complete basic childhood immunizations.
- ! To reduce the STD case rate by 5% through increased contact follow-up and an intense public awareness campaign.
- ! To reduce the TB case rates in the district by 10% by providing DOT INH prophylaxis to persons with positive PPDs and routinely screening county jail prisoners for TB infection.
- ! To implement the Comprehensive School Health Education Program.
- ! To reduce the number of teen births by 10%.
- ! To continue consolidation of small, rural water associations into area-wide and county-wide water associations or cooperatives to improve maintenance and operation of public water systems.
- ! To expand PINAH/CHAN to two additional communities.

FY 2003 Objectives:

- ! To maintain the infant mortality rate at or below the state rate.
- ! To continue community participation in revising a plan for reduction/elimination of certain health department primary care services.
- ! To ensure that at least 95% of two-year olds complete basic childhood immunizations.
- ! To reduce the STD case rate by 5% through increased contact follow-up and an intense public awareness campaign.
- ! To reduce the TB case rates in the district by 10% by providing DOT INH prophylaxis to persons with positive PPDs and routinely screening county jail prisoners for TB infection.
- ! To reduce the number of teen births by 10%.
- ! To continue consolidation of small rural water associations into area-wide and county-wide water associations or cooperatives to improve maintenance and operation of public water systems.
- ! To expand PINAH/CHAN to two additional communities.

FY 2004 Objectives:

- ! To ensure that at least 95% of two-year olds complete basic childhood immunizations.
- ! To reduce the STD case rate by 5% through increased contact follow-up and an intense public awareness campaign.
- ! To reduce the TB case rates in the district by 10% by providing DOT INH prophylaxis to persons with positive PPDs and routinely screening county jail prisoners for TB infection.
- ! To implement an injury prevention program in two additional school systems.
- ! To reduce the number of teen births by 10%.
- ! To expand PINAH/CHAN to two additional communities.

Methodology:

District III will hold a series of meetings with community groups in each county to attempt to define the health issues in the county, and particularly those problems for which the agency should maintain responsibility and/or develop intervention programs or continue to provide clinical services. At the same time, the district will look at opportunities in health education, health promotion, injury reduction, health screening, and wellness activities that the community would want the health department to develop and implement. District III will conduct this dialogue in an effort to tailor services to meet the specific needs of the agency's target population, always mindful of available resources and the ability to continue receiving adequate funding at the national, state, and local level to implement the public health services identified and prioritized in each community.

District III's major strength has been its connection with the community. The district staff hopes that this connection will help fashion a public health department that can continue meeting the needs of citizens, both for physical health and well-being and environmental health. The district will experiment with some fast lane services such as immunizations only, WIC certification only, teen family planning refill clinics after school, the utilization of a family planning/STD nurse, expansion of colposcopy clinics by collaboration with local obstetricians/gynecologists, and public awareness programs targeted towards TB, syphilis, teen pregnancy, and injury prevention, particularly in youth.

Infant Mortality Reduction: A marked reduction in the infant mortality rate should result from implementation of the PHRM program, perinatal regionalization, "booking" ultrasound program, the PINAH project, increased participation in WIC (including nutrition counseling), expansion of Medicaid benefits to cover perinatal clients up to 185% of the poverty level, and reducing teen pregnancies by increasing family planning services. The following activities will be conducted:

- ! Educate legislators about perinatal needs and the programs available.
- ! Staff shortages (one CNM) at the Holmes County Maternity Service has necessitated that District III provide direct client services to maternity clients who would otherwise have received AP/PP/FP services from the midwifery service. District III will continue to provide support to the midwifery service in lieu of transferring all maternity care to the Holmes County Health Department.

- ! Provide on-going media efforts to educate the public on availability of services.
- ! Contract with Blue Cross/Blue Shield to reduce high risk conditions in pregnant employees of the catfish plants covered by Blue Cross/Blue Shield health insurance in collaboration with local delivering physicians and South Sunflower County Hospital (PHRM-like activity).
- ! Provide teen-only clinics after school or Saturday mornings.
- ! Provide teenagers with transportation to clinics utilizing community resources (i.e., volunteers, community agencies).
- ! Identify contact person in each county who has shown an interest in working with teenagers.
- ! Identify high risk areas, such as schools, and make contact to offer services and organize an interdisciplinary team to implement the program.
- ! Have social workers implement missed appointment follow-up for teenage family planning clients.
- ! Schedule mandatory appointments for follow-up on high risk mothers and babies.
- ! Have public health nurses perform WIC recertification and nutritional counseling for low risk patients.
- ! Increase WIC participation (food pick-up) by working with the health department to make appointments for all household participants on the same day. Simplify pick-up process to ensure households receive goods on first appointment date. Increase WIC participation by opening additional WIC Distribution Centers in Durant, Hollandale, and Vaiden.
- ! Improve access to health department services for working women by providing after-hours clinics and WIC distribution after hours or on Saturday mornings.
- ! Have social workers help patients find additional transportation resources.

Family Planning: The addition of a part time physician and one part-time certified nurse midwife should help attain the objectives of increasing the percentage of target population served, as well as increase the number of teen family planning users. Improving clinic flow will reduce the waiting time for family planning services. Walk-in teen patients will receive family planning services to the fullest extent possible with staff available in the clinic when the teen presents for services.

Adolescent Clinic: Plans continue to establish a teen-only family planning clinic in Washington County. Services would include same day service, a strong emphasis on counseling, physical assessments, dispensing of birth control supplies, and pregnancy testing.

WIC Mart: In an effort to expand WIC participation and nutrition education, the district plans to establish WIC Marts in Holmes, Leflore, Sunflower, and Washington Counties. A WIC Mart is a distribution center that permits clients to have a choice in foods received. In addition, adequate space is available to provide second nutrition education and/or certification. The Mississippi Extension Service will conduct demonstration of meal preparation using WIC foods at least once a month in the WIC Marts. A certifying professional will reach out to HeadStart Centers and other community settings to improve WIC certification of new populations.

Communicable Disease: A special community-based initiative in Leflore County will combat the current HIV outbreak among teens. The initiative will have several components: (1) a clinic to assess and assure appropriate care of HIV/AIDS individuals; (2) a community awareness program using natural helpers (Community Health Advisors); (3) school-based character education and improving self-esteem and decision making skills of teens; and (4) a collaborative effort with the medical community and churches and recreational outlets to address the problem of predatory males.

Perinatal High Risk Management: Case management will be implemented district wide, addressing both pregnant women and infants to age one. Most nursing personnel will have a PHRM/ISS caseload. In addition, through collaboration with Delta Health Partners (Health Start Initiative), peer educators will be available to assist the PHRM/ISS team of six of the nine counties where practical, applicable, and appropriate. A computer program will be developed to track high risk maternity patients in the district.

Immunization: The district will educate mothers concerning the basic childhood immunization series through the Every Child by Two program (a public-private advocacy program) and the Maternal Hospital Education program. In addition, the district will ensure more precise evaluation by agency staff on individual immunizations required at the time of services. Each county health department's recall system and follow-up of incomplete immunizations will be monitored. Computer programs will be implemented to compile immunization data. The district will provide rubella vaccine (MMR) to four delivering hospitals to increase postpartum immunization of rubella-susceptible women. As a pilot, infants 0-2 years of age will receive Hepatitis B vaccine. The IAP will provide two multi-county immunization teams with a nurse and clerk per team.

Environmental Health: Monitoring systems in effect will provide basic information on program status. Present environmental health responsibilities will continue in the broad areas of milk, food, general sanitation, water supply, and child care. Since the wastewater legislation was enacted, 80% of all wastewater disposal systems installed in the district should be in accordance with state law and minimum agency standards. If the public health environmentalists have responsibility for collection of the additional water samples for volatile organic chemicals and synthetic organic chemicals, 95% of all samples should be collected. Health District III environmental health staff and the District Health Officer will collaborate with MVSU in establishment of four research endeavors targeted to monitor/identify environmental risks specific to the Delta's minority population and develop intervention (abatement) strategies.

Infant Mortality Reduction: The degree of implementation of initiatives, coupled with the infant mortality rate, will be used to evaluate the accomplishment of objectives.

- ! Conducted successful intervention in identified high risk areas.
- ! Access outcomes; review data; review objectives and goals to see if they were met.
- ! Record audits of high risk infants and children to determine compliance.
- ! Record audit to determine percentage of high risk patients receiving appointments for follow-up.
- ! Record audit to determine percentage of high risk infants and children seen by the nutritionist.
- ! Existing monitoring and auditing systems to ensure guidelines are met.
- ! Record audit of transportation forms and monthly social services report.

Family Planning: Employment and deployment of new staff, coupled with improved waiting times and clinic efficiencies, will be used to evaluate these objectives. The "bottom line", however, will be the increase in the percentage of target population served and the actual increase in teen users.

Communicable Diseases: Improvement of TB case rates, STD case rates, and Hepatitis B case rates will measure accomplishment of these objectives.

Immunization: The two-year old survey will be the evaluation tool.

Environmental Health: Evaluation will be by survey systems and monitoring programs already in place.

Evaluation: Both process and outcome measures will be used to evaluate accomplishments of objectives. Health status indices improvements will be used where appropriate.

Support Needs: Building replacements, additions, and remodeling will be pursued for Humphreys County, Leflore County, Bolivar County, and the District Annex. Assistance is needed from the Office of Personal Health Services in evaluating PHRM implementation strategies for District III - either as part of managed care combining PHRM with FSEIP, CMP, and surveillance of children with severe nutritional problems and genetics, or by doing a modified PHRM approach in District III given the high number of high-risk maternity patients in the district and the low number of professionals capable, trained, and/or licensed to meet PHRM standards. The district needs assistance from the Division of Health Communications and Public Relations and the Bureau of Women's Health for enhanced public relations on getting early prenatal care and from

the STD Program for a syphilis epidemic public awareness campaign. Cooperation between the agency and MDHS is essential to establish a volunteer system for patient transportation. Additional education materials are needed for high risk WIC counseling. The district needs assistance from Staff Development in arranging for training in several areas: patient flow analysis for DOSA's and OM's; case management for nurses, social workers, and nutritionists; physical assessment for nurses; and HIV counseling for Disease Intervention Specialists and nurses. A class on WordPerfect for selected secretarial and clerical staff is also needed.

Increased equipment authority is needed for clinic equipment (microscopes, dopplers, refrigerators, incubators, RPR rotators, audiometers, sterilizers) and office equipment (computers, copiers, tab files). Increased contractual authority is needed to remodel clinical areas to accommodate PIMS computers and to ensure privacy/confidentiality of clerical/patient interchange of information in Attala, Leflore, and Montgomery counties. New buildings are needed in Bolivar and Humphreys counties. Technical support is needed from the Office of Administrative and Technical Services to secure the appropriate computers and software and databases from the Central Office. Support is also requested from the WIC Program to expand WIC Distribution Centers in Durant (Holmes County), Hollandale (Washington County), and Vaiden (Carroll County).

TOMBIGBEE PUBLIC HEALTH DISTRICT IV

Major Health Status and Demographic Indicators:

The district's total population of approximately 246,000 has not changed significantly in the past year, nor have any major demographic shifts occurred. More than half of the district's population resides in rural areas. The agency faces the same problems today as in previous years, including an aging population with approximately 15% over the age of 65. Two counties, Choctaw and Webster, approach the highest percentage of elderly citizens in the state. Almost 30% of the district's population is at or below the poverty level; three of the 10 counties are above 7% unemployment, and seven are 10% and higher. All of these factors have a major impact on the health care system and are related to the number of uninsured citizens. Conditions continue to improve in several counties, specifically in Chickasaw, Lowndes, and Oktibbeha. Monroe County, which recently experienced the loss of manufacturing and some small businesses, has rebounded with the addition of several new industries. As a result, unemployment has declined in that county. Other than the unemployment situation, economically the area is progressing. Generally speaking the district has a broad economic base combining manufacturing and agriculture. The district is fortunate to have two state supported universities located within its boundaries. These institutions of higher learning are large employers, and Mississippi State University is constantly embedded in research and development venues. Another important economic note is the proposed development of a coal-fired electrical generating facility in Choctaw County. Transportation remains a problem hindering access to health care for many rural Mississippians, although it has been partly alleviated by several factors. Roads in many counties have received improvement. The state four-lane corridor project includes both U.S. Highways 45 and 82 and will greatly improve transportation in the district when completed. The creation of new RHCs has helped mediate the transportation problem by bringing more readily available health care closer to the rural population. However, transportation to speciality services remains a problem.

Political: The political climate remains positive. The relationships between the district and local governments are good. An application has been submitted for community development block grant funding to help construct a new Human Services/Health Department building in Clay County.

Social/Cultural: Several social/cultural factors have developed in recent years which impact the health care system in general, including MSDH clinics. Chickasaw County has experienced a dramatic increase in migrant, mainly Hispanic, workers, bringing with them the need for maternal and child health and other health needs. Communication is a major barrier in trying to provide services to this group. The need for interpreters has become commonplace. Many foreign students attend area colleges and universities and pose similar problems to health care providers. Communities are becoming more concerned with community health needs and are willing to assist with many of the social and cultural problems throughout the district.

Health Care: The creation of a number of rural health clinics throughout the district has evolved successfully. These clinics significantly improved the ability of the rural population to access health care. Currently the district and each of the county health departments are working closely with other clinics to continue and facilitate the effective provision of health services. The district has visited hospitals in the service area to promote a team approach to providing health care for the citizens of District IV. Two community health centers (CHCs) operate in the district, and the agency continues to experience a good working relationship with both. District IV contracts with Access CHC in Smithville to provide family planning services in that area.

The district continues to benefit from widespread acceptance of Medicaid among the OB/GYN and rural health clinics. The major OB/GYN physician groups in the district continue to see patients and to work closely in association with the health departments. The improved access of Medicaid clients to private providers continues to reduce the agency's ability to support its operations with Medicaid and other third party payors. Over the past year, EPSDT screenings in the district have dropped from 14,000 to 9,500. The district will continue to provide EPSDT screenings on clients not locked in through other programs. Other providers are becoming increasingly involved in this program area, which places revenue in jeopardy. Agency access to

the maternity client is limited by clients wanting to see a medical provider only. These clients remain with private physicians for family planning services until their Medicaid benefits expire, thereby impacting the family planning earnings. Some organizations refer only non-paying clients for such health department services as family planning and lab services. It is becoming more difficult, if not impossible, to continue providing these services through the health department as resources and appropriations decline.

The district's long-standing relationship with the Mississippi University for Women (MUW) School of Nursing continues through an arrangement that ensures the availability of health services at the Crawford Clinic in southern Lowndes County. It serves as both a site to provide citizens in the area with needed health care and as a training center for MUW nurse and nurse practitioner students. This arrangement has proven very beneficial for MUW, the agency, and the citizens of the Crawford and Artesia areas.

Several local hospitals have affiliated with either North Mississippi Medical Center or Baptist Memorial Hospital in Memphis, Tennessee, helping to ease the physician shortage in the district. This is an encouraging trend, and it appears to be the only current viable means to bring and maintain much needed medical staff into many of the more rural counties. The other medical facilities throughout the district have continued to operate at a level similar to last year.

The long term shortage of an adequate number of nursing home beds appears to have declined. The availability of nurse practitioners in the district is adequate. Home health providers in the district have expanded and now include North Mississippi Medical Center in eight of the ten counties. Winston County Medical Center now has a home health agency, which may impact the health department program.

Changes in home health as a result of the Balanced Budget Act of 1997 forced a 35-40% reduction in numbers of patients and billable visits due to the exclusion of venipuncture as a covered service.

Strengths and Resources of the District:

A very positive point in District IV is the continuing long term relationship that the district enjoys with each of the county Boards of Supervisors. The quality of this relationship is demonstrated by the fact that Boards of Supervisors have participated as partners in the renovation of several agency buildings and one new facility now under construction. Prospects for local funding appear stable.

District IV still enjoys a contractual relationship with the Golden Triangle Area Agency on Aging (AAA) for the provision of particular services to the elderly. This contractual relationship will be entering its 17th year and has produced excellent results for the district and the AAA clientele.

The district's STD and TB programs continue to be areas of strength. A concentration of well trained DIS staff in Lowndes County, one of the larger problem areas, has resulted in an improvement and will ultimately have a major impact on the overall district STD morbidity rate. Completion of treatment in TB cases and the percentage of cases on DOPT are above the state goal. The district has increased DOPT for children, which should lower the case rate and bring the district more in line with the national average in the coming year.

Other strengths include a health department staff willing to travel to areas of need. The district and local staff have exhibited a willingness to anticipate developing problems and opportunities and to take appropriate action. A growing community health education program is working with neighbors to create empowered neighborhood coalitions. The district continues to cultivate and enjoy very positive working relationships with the hospitals in the area, as well as with the vast majority of medical providers. Oktibbeha County Hospital draws patients from at least five health departments in District IV. The Oktibbeha County Health Department nurse coordinator visits the hospital on a routine schedule to provide service to maternity and pediatric patients and coordinates and promotes other health department programs impacting the hospital. This same model is being put in place in Lowndes, Monroe, Clay, and Chickasaw Counties. The district will maintain communications with the rural health clinics and community health centers in an effort to foster previously developed partnerships.

FY 2000 Objectives:

- ! To investigate 100% of identified/confirmed cases of disease outbreak and provide appropriate intervention.

- ! To reduce the rate of syphilis within the district to equal or less than the state rate.
- ! To maintain the district TB rate to an incidence of no more than 3.5 cases per 100,000 people.
- ! To fully immunize at least 90% of all two year olds.
- ! To average 500 Medicaid screenings per month.
- ! To maintain the current WIC enrollment.
- ! To maintain the WIC failed-to-participate rate below the state average.
- ! To increase the PHRM caseload by 10%, to 450.
- ! To provide family planning post-partum home visits districtwide.
- ! To maintain 9,000 Family Planning clients.
- ! To maintain a Risk Assessment program for food handling establishments.
- ! To maintain 150 home health patients while accepting all new referrals.
- ! To ensure a districtwide FSEIP according to state and federal regulations, with a parent-approved service coordination plan for all eligible children, and provide to a minimum of 575 eligible clients.
- ! To develop at least two new community-based health promotion programs in the district, one of which relates to smoking cessation.
- ! To provide at least four district-level training sessions during the year.
- ! To develop plans for instituting community-based programs impacting the leading causes of death.
- ! To promote the role of the community in developing and implementing health interventions.

FY 2001 Objectives:

- ! To investigate 100% of identified/confirmed cases of disease outbreak and provide appropriate intervention.
- ! To reduce the rate of syphilis within the district to equal or less than the state rate.
- ! To maintain the district TB rate to an incidence of no more than 3.5/100,000 people.
- ! To fully immunize at least 90% of all two-year olds.
- ! To average 500 Medicaid screenings per month.
- ! To maintain the current WIC enrollment.
- ! To maintain the WIC failed-to-participate rate below the state average.
- ! To increase the PHRM caseload by 10%, to 495.
- ! To provide family planning post-partum home visits district-wide.
- ! To maintain 9,000 Family Planning clients.
- ! To maintain HACCP programs in participating school cafeterias.
- ! To maintain a Risk Assessment program for food handling establishments.
- ! To maintain 150 home health patients while accepting all new referrals.
- ! To ensure a districtwide FSEIP according to state and federal regulations and provide to a minimum of 575 eligible clients.
- ! To develop at least one new community-based health promotion program relating to physical activity.
- ! To provide at least four district-level training sessions during the year.
- ! To promote the role of the community in developing and implementing health interventions.

FY 2002 Objectives:

- ! To investigate 100% of identified/confirmed cases of disease outbreak and provide appropriate intervention.
- ! To reduce the rate of syphilis within the district to equal or less than the state rate.
- ! To maintain the district TB rate to an incidence of no more than 3.5 cases per 100,000 people.
- ! To fully immunize at least 90% of all two-year olds.
- ! To average 500 Medicaid screenings per month.
- ! To maintain the current WIC enrollment.
- ! To maintain the WIC failed-to-participate rate below the state average.
- ! To increase the PHRM caseload by 10%, to 545.
- ! To provide family planning post-partum home visits district-wide.
- ! To maintain 9,000 Family Planning clients.

- ! To maintain HACCP programs in participating school cafeterias.
- ! To maintain a Risk Assessment program for food handling establishments.
- ! To maintain 150 home health patients while accepting all new referrals.
- ! To maintain a districtwide FSEIP and provide to a minimum of 575 eligible clients.
- ! To develop at least one new community-based health promotion program in the district.
- ! To provide at least four district-level training sessions during the year.
- ! To promote the role of the community in developing and implementing health interventions.

FY 2003 Objectives:

- ! To investigate 100% of identified/confirmed cases of disease outbreak and provide appropriate intervention.
- ! To reduce the rate of syphilis within the district to equal or less than the state rate.
- ! To maintain the district TB rate to an incidence of no more than 3.5 cases per 100,000 people.
- ! To fully immunize at least 90% of all two-year olds.
- ! To average 500 Medicaid screenings per month.
- ! To maintain the current WIC enrollment.
- ! To maintain the WIC failed-to-participate rate below the state average.
- ! To increase the PHRM caseload by 10%, to 600.
- ! To provide family planning post-partum home visits district-wide.
- ! To maintain 9,000 Family Planning clients.
- ! To maintain HACCP programs in participating school cafeterias.
- ! To maintain a Risk Assessment program for food handling establishments.
- ! To maintain 150 home health patients while accepting all new referrals.
- ! To maintain a districtwide FSEIP and provide to a minimum of 575 eligible clients.
- ! To develop at least one new community-based health promotion program in the district.
- ! To provide at least four district-level training sessions during the year.
- ! To promote the role of the community in developing and implementing health interventions.

FY 2004 Objectives:

- ! To investigate 100% of identified/confirmed cases of disease outbreaks and provide appropriate intervention.
- ! To reduce the rate of syphilis within the district to equal or less than the state rate.
- ! To maintain the district TB rate to an incidence of no more than 3.5 cases per 100,000 people.
- ! To fully immunize at least 90% of all two-year olds.
- ! To average 500 Medicaid screenings per month.
- ! To maintain the current WIC enrollment.
- ! To maintain the WIC failed-to-participate rate below the state average.
- ! To increase the PHRM caseload by 10%, to 660.
- ! To provide family planning post-partum home visits district-wide.
- ! To maintain 9,000 Family Planning clients.
- ! To maintain HACCP programs in participating school cafeterias.
- ! To maintain a Risk Assessment program for food handling establishments.
- ! To maintain 150 home health patients while accepting all new referrals.
- ! To maintain a districtwide FSEIP and provide to a minimum of 575 eligible clients.
- ! To develop at least one new community-based health promotion program in the district.
- ! To provide at least four district-level training sessions during the year.
- ! To promote the role of the community in developing and implementing health interventions.

Methodology: To increase the district's percent of fully immunized two-year olds to at least 90%, the district has used a unique tracking system of reviewing children under two years old monthly so that appropriate intervention can be accomplished, if necessary, to complete immunization by two years of age. This system has resulted in significant improvements and will be continued.

Relating to the environmental program, the district is committed to the use of HACCP and risk assessment for food as well as increased training opportunities for food handlers, managers, and PHEs. However, with increased responsibilities, new program requirements, and the reality of a manpower shortage, the current level of service will be a challenge to maintain. Without additional staff, implementation of new methods of conducting business and meeting new environmental program goals will be difficult if not impossible.

At present, District IV is serving approximately 400 PHRM clients. This program is currently offered in each county within the district.

Currently, the majority of counties in District IV have a less than 5% yearly average WIC failed-to-participate rate. However, in order for the district as a whole to reach this goal, Lowndes, Monroe, and Oktibbeha counties must significantly reduce their annual average failed-to-participate rate. Each county warehouse will use control charts to monitor their progress.

Among other program areas, efforts to reduce TB will be aimed at directly observed preventive therapy for children, along with the current activities. Family planning goals will be met by continuing current clinics. The district is investigating the possibility of contracting with the Shuqualak CHC to provide services. In home health, the district proposes reconfiguration of the regions to increase efficiency. Home health is also participating in post-partum home visits. As long as staff is retained and contract specialists are available, the First Steps Early Intervention program should continue to progress. The Community Health Educator's current activities with the communities will continue.

Evaluation: In addition to statistical information and reports supplied by the Central Office, the district emphasizes the use of daily, weekly, or monthly monitoring reports concerning the aforementioned initiatives. This allows the district and counties to intervene at the earliest possible moment to mitigate any developing problems. The monthly Office Manager/Nurse Coordinator meeting will be used as a forum to solicit input from the field as to effectiveness of the operations and to provide information to allow for adjustments. Program staff conferences are held monthly to discuss program progress.

Support Needs: The district needs clarification of agency goals and timely, accurate, and useable statistical information from the state level. The district also needs effective and timely training, especially instructor training relating to behavior change and training programs that impact the four leading causes of death in Mississippi. Support from each central office bureau relating to program goals is fundamental. Continued assistance through the Office of Administrative and Technical Services will be necessary in the development of innovative ways to meet current administrative problems such as bookkeeping, additional centralized purchasing, and computer support.

WEST CENTRAL PUBLIC HEALTH DISTRICT V

Major Health Status and Demographic Indicators:

According to the 1990 census, the population of the ten counties in District V is 540,672, representing 21% of the state population. Forty-four percent of the District V population is non-white. The district presents a divergent population ranging from rural areas to small cities and a large metropolitan area with suburbs and "bedroom" communities. Hinds County alone has a population of 254,441, exceeding the total population of a number of other districts. The non-white population of Hinds County is 51%. District V has various socioeconomic problems such as high unemployment, high dropout rates, high teen pregnancy rates, inadequate and/or unaffordable housing, illiteracy, poverty, and drug abuse. Sex for drugs is an ongoing problem as it relates to STDs. The transient and homeless pose serious problems in Jackson as efforts to treat them for communicable diseases require time and resources that are already spread too thin. Accidents and homicides take an unacceptable toll on the population. The Hinds, Madison, and Rankin areas encompass several modern hospitals and health care facilities supported by many health professionals.

Medicaid managed care has greatly impacted the target maternity and child health populations in all of District V's ten counties. Family Planning served 15,143 clients in calendar year 1998, representing 43.2% of its target population; 4,329 of these were teens. There were 1,825 live births to teens, representing 20.1% of the total births in District V, compared to 2.6% statewide in 1997. The five-year district infant mortality rate is currently 10.3, which represents a decrease of 0.2 from the previous period. District V served 1,728 maternity clients in calendar year 1998, a substantial decrease from previous years. Currently, newborn screening in Mississippi includes PKU, Hypothyroidism, hemoglobinopathies, and Galactosemia. Nationally, one in every 10-12 blacks has sickle cell trait, as compared to one in every 8-10 in Mississippi. There were 24 confirmed cases of sickle cell disease and one confirmed case of Hypothyroidism in the district in CY 1998. One case of PKU and one Galactosemia were reported in 1998. Ninety-five percent of all abnormal screens were retested for confirmation in District V.

District V has shown a dramatic decrease in syphilis cases, from 424 cases in 1997 to 296 cases in 1998. The number of congenital cases remains at 14. There were 47 new cases of TB during 1998, with a case rate of 8.2, and there are 307 persons currently on preventive treatment. District V reported and treated the highest number of TB cases (21%) in the state during 1998. This district has the largest number of hospitals, nursing homes, personal care homes, and homeless centers. There are five correctional work centers, nine county jails housing state inmates, and one prison in District V. All these facilities are high risk environments for the spread of TB and require TB testing periodically.

More than 4,400 food establishments and 339 child care facilities in the district require inspection. An increase in the development of new residential subdivisions, especially in the metropolitan areas of Madison, Rankin, and Hinds counties, will require inspection of wastewater disposal systems. Immunization compliance monitoring and services are provided to the child care centers, 36 Head Start centers, 212 schools, and eight colleges. Problems associated with early childhood that are not prevented or identified early have negative economic, health, education, and social effects throughout adulthood. The undiagnosed, untreated problems of early childhood today result in increased accident, death, and handicap rates in six years; increased juvenile crime, high school dropout, and teenage pregnancy rates in 18 years; and increased unemployment and dependency in 25 years. (National Governors Association, 1986).

Major Service Delivery Problems Identified:

In view of teen pregnancy rates, improved access to family planning services by all providers is a principal need. Waiting times for initial maternity and family planning visits are within reason at most of the 14 clinics in District V; however, decreases in staffing levels are necessitating very heavy booking and slightly prolonged waiting times at some sites. Other agencies continue to request and receive assistance from District V in family planning services. The district-wide increase in substance abuse and the increased poverty rate in north Madison, Sharkey, Issaquena, and Yazoo counties present numerous health and social problems. Staff have been added to handle the vast need for case management of pregnant women and infants in all of District V, as well as for the family planning/post-partum home visit program.

Universal AFP/HCG screening has increased the number of sonograms necessary on each maternity client. There are five nurse sonographers to provide total sonogram coverage for the entire district. Qualified personnel and equipment must be available to adequately provide this service.

The agency has emphasized the importance of routine examinations for young children and reproductive-age women. Care for sick children is increasingly difficult to obtain privately, even with the introduction of Medicaid managed care. Universal lead screening of all EPSDT clients below 72 months of age began in June of 1993 by Medicaid mandate. This duty of verbal risk assessment and blood collection by venipuncture has increased the time and degree of difficulty involved in EPSDT services. Co-management clinics have been established in northern Hinds and western Rankin counties. UMC staffs these sick child facilities and works with health department staff to meet the needs of this clientele. During FY 1998, a total of 6,881 children received services in District V.

Some patients, especially older ones with chronic diseases, "fall through the cracks." The level of services offered to this population is not adequate for the demand. Most patients do not have the funds to pay for hypertension and other medications.

The district will continue to assess under-utilized clinics. Although the redirection of these resources is beneficial to the district as a whole, the local communities experience a loss. To minimize that loss, the district will schedule seasonal health promotions such as flu and school immunizations. All areas that require inspection by the existing environmental health staff have increased.

The immunization rate for District V has improved from 70.3 in 1998 to 78.0 in 1999, below the statewide percentage of 89.9. Immunization before age two remains a priority. Waiting times remain a problem in the clinics. The private sector continues to immunize inappropriately, and missed opportunities occur. Approximately 37% of children in District V go to the private sector for immunizations; 46% of children obtain immunization in the health department; and 17.5% use both public and private providers. Transportation to the clinics remains a problem.

STDs have reached epidemic proportions in Mississippi. The number of HIV/AIDS cases has escalated along with the number of STDs, because the behavior and risk factors are the same. The rapidly growing increase of urban crime and drug use presents safety problems with the home visiting follow-up of inner city patients. The present AIDS education program is primarily geared to address AIDS/HIV infection through community forums, educational presentations in schools, and other organizations. However, many people who are considered at an increased risk of exposure to HIV (i.e., drug users, prostitutes, transients) present a major problem, as efforts to reach them would require additional personnel and resources to educate on an individual basis. There is also a growing need for primary health care to HIV/AIDS patients in the Hinds County area.

The number of AIDS/HIV-infected patients and the number of homeless and transient people with TB continues to increase. DOPT is provided for the HIV/AIDS-infected patients and for children less than 15 years of age with the help of two part-time outreach workers. Providing DOPT to other high risk groups with TB infection would require additional personnel, resources, and initiatives. The district continues to experience delays in TB reporting by the private sector.

In both the metropolitan and rural areas, a lack of transportation and distribution centers contributes to non-participation in the WIC program. Also the misconception that a mother cannot breast feed and work or go to school reduces the breastfeeding WIC population.

Planning for coordination of an interagency system of services is a natural outgrowth of the activities of the district. The public health system has long provided an infrastructure for basic health needs; now that infrastructure is expanding to include support for the developmental needs of infants and toddlers.

It is an impossible task for the current social work staff to adequately address the ever increasing number of psycho-social needs of patients. The current staff consists of three social workers in Hinds County, one in Warren County, one in Madison County, and one in Copiah County. Social workers have helped indigent patients secure a payment source such as Medicaid or Medicare for needed medical care; the problem is finding medical providers who accept Medicaid and Medicare.

Clients from the other eight public health districts are often hospitalized in the metropolitan/urban hospitals. When health department personnel are needed to obtain information or present information to these out of district clients, the District V staff is often called upon to visit them. Other districts reciprocate;

however, the most frequent flow of sick clients is into the Jackson area because of the location of testing centers. This puts a strain on an already busy district staff.

Rankin and Hinds counties have experienced a significant turnover in clerical staff. Recruitment problems have occurred due to lack of applicants.

Major Strengths and Resources Identified:

District V counties include the largest number of medical complexes in the state. These facilities and associated staff are tremendous assets in joint management of patients and health care delivery. UMC works closely with the health department in providing child health and maternity services. The formal referral arrangement between UMC and District V has resulted in the *Woman's Health Alliance*. The Alliance provides delivery for District V maternity clients in the state's only Level III medical center, as well as high risk, referral, and consultation services by UMC staff required for these patients. The district health officer is an OB/GYN specialist and serves on the faculty of UMC. Baptist and Methodist Hospitals of Jackson, River Region Medical Center in Vicksburg, Madison County Medical Center in Canton, and Hardy Wilson Memorial Hospital in Hazlehurst are committed to serving a share of Medicaid and indigent maternity patients. Clinics are dedicated to specific services such as pediatrics, chronic illness, adolescents, and sexually transmitted diseases. Post-partum home visits and breast and cervical cancer prevention services are available in all 10 counties.

The district has implemented a quality assurance program requiring every nurse sonographer to complete a mandatory yearly review, which will increase sonographer confidence and competence and improve the quality of care. Sonogram machines (both stationary and portable) have increased the ability to evaluate a greater range of gestational ages. With WIC Mart and the Hinds County health department located in the Jackson Medical Mall where there is adequate public transportation, there should be increased WIC participation and access to services for a large number of the target population.

FY 2000 Objectives:

- ! To increase third party billing returns to 90%.
- ! To reduce the mortality and morbidity rate of accidents in children under age 18 by 1%.
- ! To reduce the morbidity and mortality of cervical cancer to 10% in five years.
- ! To increase food rating scores by 5%.
- ! To reduce wastewater pollution and related health hazards resulting from faulty or non-compliant wastewater disposal systems by 5%.
- ! To reduce preventable injuries and illnesses in child care facilities by 5%.
- ! To increase the two-year old survey percentage for childhood immunizations by 5%.
- ! To obtain 100% compliance of immunizations in all child care and Head Start centers.
- ! To continue immunizations of all at-risk public service employees for Hepatitis B.
- ! To continue to screen all MSDH maternity patients for Hepatitis B infection and initiate appropriate intervention with the newborn infant and other recommended contacts.
- ! To continue to decrease the syphilis epidemic by 30%.
- ! To decrease the congenital syphilis rate by 10%.
- ! To control the spread of AIDS/HIV infection by expanding community outreach and support groups.
- ! To increase the number of condoms distributed to at least twice the current rate.
- ! To reduce the TB case rate by 5%.
- ! To increase TB preventive therapy completion by 5%.
- ! To reduce teen birth prevalence to 20%.
- ! To increase the potential eligible WIC population to the state average.
- ! To improve early detection, diagnosis, and treatment of newborn screening by 10%.
- ! To complete the establishment of BCCP programs in all counties.
- ! To reduce the infant mortality rate to 10.2 deaths per 1,000 live births.
- ! To reduce low-birthweight to an incidence of no more than 5% of live births. A special population target among blacks is 9% of live births.
- ! To reduce very low-birthweight to an incidence of no more than 1% of live births.

- ! To reduce severe complications of pregnancy to no more than 15% of live births.
- ! To reduce the use of tobacco, alcohol, cocaine, and marijuana among pregnant women.
- ! To increase to 90% the number of pregnant women who receive prenatal care in their first trimester.
- ! To increase post-partum home visits in all counties by 10%.
- ! To maintain sonogram support to all counties in order to decrease infant mortality and morbidity.
- ! To provide an early intervention system for all children, birth to 36 months, by conducting child find, evaluation, individualized family service plans, and service coordination with procedural safeguards.
- ! To reduce mortality and morbidity due to neural tube defects and Down's Syndrome by 10%.
- ! To reduce mortality and morbidity due to sickle cell disease by 5%.
- ! To increase the current level of 43.2% of the family planning target population served, with special emphasis on the teen population.
- ! To reverse the current trend toward early teen onset of sexual activity; the success of this objective will be measured on a short term basis by a reduction of the teen pregnancy rate and on a long term basis by a decreased occurrence of cervical cancer.
- ! To provide adequate nutrition education to 98% of women, infants, and children enrolled in WIC.
- ! To maintain lactation support for the breast-feeding programs in all counties.
- ! To increase the number of women breast-feeding.
- ! To increase the average breast-feeding duration to 10 weeks.
- ! To reduce the WIC non-participation rate to 5% or less.
- ! To maintain and/or develop interagency systems in all 10 counties.
- ! To increase social service overall support/consultation by 10%.
- ! To maintain PHRM/ISS services in all counties.

FY 2001 Objectives:

- ! To maintain the number of immunized two-year olds at 90%.
- ! To strengthen the clinic lactation support and breast-feeding program in all counties.
- ! To strengthen community agency relations and to support contracts for family planning supplies as deemed appropriate.
- ! To include recruitment of vocational technical colleges for mandatory MMR requirements.
- ! To maintain PHRM/ISS services in all counties.
- ! To expand post-partum home visits by 10%.
- ! To expand BCCP clients served by 5%.

FY 2002 Objectives:

- ! To maintain the number of immunized two-year olds at 90%.
- ! To reduce the infant mortality rate to nine per 1,000 births.
- ! To expand the health promotion and health education program to encourage healthier lifestyles and effect appropriate behavior changes.
- ! To reduce wastewater pollution and related health hazards resulting from non-compliant wastewater disposal systems by 5%.
- ! To increase by 2% the level of family planning target population with special emphasis on teens.
- ! To maintain post-partum home visits in all District V counties at the same level.
- ! To maintain an early intervention program for all children.
- ! To increase BCCP clients served by 5%.

FY 2003 Objectives:

- ! To maintain the number of immunized two-year olds at 90%.
- ! To reduce the infant mortality rate to 10.0 per 1,000 births.
- ! To maintain family planning/post partum home visits at the same level.
- ! To maintain BCCP clients served at the same rate.
- ! To offer an on-site nutritionist for clinics using UMC outpatient facilities.
- ! To increase the potential eligible WIC population served to the state average or above.

- ! To offer WIC certification/recertification and second nutrition education in the WIC Mart at the Jackson Medical Mall and one other site.
- ! To reduce the WIC Failed-To Participate rate to 5% or less.
- ! To expand the health promotion and health education programs to encourage healthier lifestyles and effect appropriate behavior changes.
- ! To maintain an early intervention program for all children.
- ! To increase by 2% the level of family planning target population with special emphasis on teens.
- ! To increase food rating scores by 5%.

FY 2004 Objectives:

- ! To offer an on-site nutritionist for clinics using UMC outpatient facilities.
- ! To increase the potential eligible WIC population served to the state average or above.
- ! To offer WIC certification/recertification and second nutrition education in the WIC Mart at the Jackson Medical Mall and one Head Start center.
- ! To maintain the percentage of immunizations of two-year olds at 90%.
- ! To obtain 100% compliance in all child care and Head Start centers.
- ! To reduce the case rates of syphilis, gonorrhea, and AIDS/HIV by 5%.
- ! To maintain the infant mortality rate.
- ! To expand the health promotion and health education programs to encourage healthier lifestyles and effect appropriate behavior changes.
- ! To maintain an early intervention program for all children.
- ! To increase by 2% the level of family planning target population with special emphasis on teens.
- ! To maintain BCCP clients served at the current rate.
- ! To maintain PHRM/ISS services in all counties.

Methodology:

Adult Health: Services for the adult health clinics will be gradually reduced and services accomplished through coordination of general education programs for community outreach with United Way and other local resources. Joint management of hypertension patients with limited access and in-house patient management will be provided on a limited basis. Education and counseling to clients will be provided by both nursing and nutrition staff.

Environmental Health: As required by district and agency policy, the district will inspect 100% of food service establishments, wastewater disposal systems, child care facilities, and schools. Staff will receive in-service and out-service training to improve knowledge of environmental regulations, policies, and procedures. Theories, principles, and practical applications will be included.

Maternal and Child Health: Over 50% of the pregnant women in District V access health department clinics for maternity services. Clinics provide lactation support staff and sponsor childbirth and breast-feeding classes. The district will maintain EPSDT at its high quality for children and attempt to increase public awareness regarding maternity and child health education. PCP status has been approved in six counties in District V, thereby increasing access to services for all clients. In Hinds County child care classes to address basic physical care, along with safety and immunization, are being initiated in conjunction with childbirth classes for all interested parents. District V will jointly manage patients with all providers to ensure 100% follow-up of HIV mothers and infants. The district will coordinate with the State Medical Examiner's office to assess autopsy reports on SIDS and other late neonatal deaths. Providers will be encouraged to take fair-share delivery of poor and indigent patients. Appointment waiting times for initial maternity at two weeks or less will be maintained at present level, as well as PHRM/ISS services. Postpartum home visits will be provided in all counties. High risk factors and NST evaluations will be utilized in prevention and treatment of substance abuse among pregnant women. In cooperation with a consortium of service providers, the health department will serve as the coordinating agency to seek access to 24 hour care for indigent children. District V will maintain sonogram coverage at present levels, adding clinic sites as case load requires and

resources allow. All nurse sonographers will complete a mandatory annual review conducted by one of three evaluators. Recruitment and training of additional nurse sonographers continues in District V.

Early Intervention Program: The district's plans include the following: provide information and referral services, as well as tertiary case management; develop early intervention interagency councils in all counties; identify all case management services for children with special needs; develop interagency coordinated plans of care for children with special needs; provide technical assistance to programs and service providers to identify children who need early intervention services; increase public awareness through an informative high profile media campaign; provide a central information and referral services point for technical assistance to families and service providers; and enhance transition activities by designating one HPS position into a transition coordinator. This staff person will ensure successful transitions for children at age three into the next appropriate setting or program, which will require coordination with each local school district Head Start and child care facility. The district will begin official tracking to measure the benefits of early intervention.

Family Planning: The district will intensify the tracking of family planning clients, especially teens. Participation in the established adolescent family planning clinics will be maintained. Other plans include: continue collaborating with community leaders in providing family planning services; enhance teen family planning participation through outreach activities; counseling, especially for teens, on the effectiveness and benefits of long term contraceptives such as Norplant and Depo-Provera; maintain 100% compliance with diagnosis and treatment of all abnormal pap smears utilizing in-house colposcopy, biopsies, cryo-surgery, and LEEP referral; and maintain quality of services by ensuring 90% compliance with BCRR requirements.

Immunizations: The district staff will continue to work with the program director to ensure the most effective means of handling vaccine-preventable diseases. Program coordinators, nurse epidemiologists, the Immunization HPR, and supporting staff will collaborate to promote childhood and adult immunizations. The Immunization HPRs will continue to work with the public relations department to distribute educational material and information with special emphasis on childhood immunization. The district staff will work with various organizations such as Kiwanis, Junior Auxiliaries, etc. on immunization annual projects. Adult immunizations will also be promoted with other organizations such as Horizons and the State Fair Commission. District V will continue to do public education and professional education in promoting childhood immunizations.

Sexually Transmitted Diseases: The DIS supervisor will continue to coordinate the daily activities of the DIS staff to ensure a quality assurance system district wide. The district will continue working with community-based organizations. AIDS education will be enhanced through the attendance and participation of the American Red Cross HIV/AIDS instructors. Health education, working with the community, and other support measures are provided to maintain the 807 Clinic through the Warren County consortium. The Central Office will continue their present role in the STD clinic for Hinds County. Education and outreach to high risk neighborhoods is planned.

Tuberculosis: All newly reported cases of TB will complete a recommended course of directly observed therapy. The TB coordinator will ensure compliance with the recommended protocols for patient monitoring and documentation through TB protocol reviews. DOPT will be provided for HIV-positive patients and for children under 15 years of age. Other goals include the following: ensure that homeless centers are monitored annually for proper maintenance of UV lights; improve referral and educational services to local hospitals and private physicians through consultation and educational inservices; resume TB chest conferences semi-annually in the district hospitals to increase TB awareness in these communities and among the medical staff; and ensure that TB infected inmates receive appropriate treatment by DOPT through consultation and education of state prison staff.

Nutrition/WIC: The district intends to increase the percentage of potentially eligible served to 70% and to maintain WIC-Mart at the Jackson WIC warehouse to serve clients in a more timely and efficient manner. The district will focus education and public relations on those counties with traditionally low non-participation rates secondary to social issues; strengthen ties between WIC warehouses and clinic sites through joint staff conferences and education; and utilize trained lactation specialists and peer counselors through community outreach.

Social Services: Serve as a liaison between the agency, medical/human service providers, community organizations, and governmental agencies. The social service staff will be readily accessible in each county at least once a month. The district social work supervisor will continue to provide orientation/in-services to new staff as requested. The district will increase efforts to encourage more providers to accept indigent patients through increased community awareness and interagency activities and continue to work with administration for additional funding sources for staff expansion.

Health Education: The district will direct health education efforts toward maternal child health, family planning, STDs, adult health, and chronic diseases. Discussion groups in Teen Clinics center around adolescent health issues identified by the youth, including such issues as depression, suicide, drug abuse, teen parenting, safety, and violence. In addition, teens are introduced to the pelvic exam, family planning methods, female health topics, and STDs. Prenatal classes will continue to meet weekly with emphasis on child care, safety, child development, discipline vs. abuse, immunizations, and the sick child, in addition to preparation for delivery, breast feeding, and family planning. Educational programs in the community will be continued or developed as requested. Child safety education will be promoted in child care and Head Start centers with programs for staff and parents. Participation in and displays for health fairs will continue to be a regular part of health education. Staff support for in-service and other initiatives will be provided when possible. Evaluation of the health education aspect of the plan will be measured by the statistical goals, number and type of programs, presentations, and participant numbers.

Genetics: District plans include the following: ensure that at least 99.5% of all newborns in District V receive testing for PKU, Hypothyroidism, Galactosemia, and hemoglobinopathies; obtain a confirmatory blood sample for diagnostic testing from 99% of patients with suspected sickle cell disease and 95% of patients with suspected sickle cell trait and other hemoglobinopathies; offer universal maternal AFP/HCG screening and expand screening level sonography; provide referral to University Medical Center for further evaluations and counseling as indicated; obtain a confirmatory blood specimen for diagnostic testing from 100% of patients with suspected PKU, Hypothyroidism, and Galactosemia; provide one-on-one counseling to families of infants with confirmed PKU, Hypothyroidism, Galactosemia, sickle cell diseases, and other hemoglobin diseases; provide educational sessions in the areas of screening, counseling, and treatment for hemoglobinopathies and AFP/HCG screening to 95% of appropriate staff; continue the Genetic Program overview for all new public health nurses orientation and others as requested; and intensify tracking of newborns needing initial or repeat screenings. The district genetic coordinator will assist counties when needed; refer patients to PHRM/ISS and CMP teams when possible; provide genetic workshops, including metabolic diseases, for all appropriate staff; and coordinate genetic clinic services and provide community outreach through support groups and/or one-on-one sessions.

Evaluation: Evaluation will be measured by both outcome and process measures including the following:

- ! Wastewater reports and state and Federal audits of environmental related activities
- ! Child care licensure reports
- ! Encounter reports and patient flow analysis; and activity reports and record reviews
- ! Infant mortality rate
- ! Teen pregnancy rate with specific attention to borderline Delta counties
- ! Maternity target served and family planning target served
- ! Cancer registry statistics
- ! Analysis of interagency data regarding children with special needs birth through 36 months of age

- ! STD case rate and congenital syphilis log
- ! TB program reviews and case rates
- ! Statistical data relative to chronic illness
- ! MCH/FP QA audits and number of family planning contracts proportional to requests received
- ! HIV/AIDS quarterly quality assurance report
- ! WIC target served and WIC printouts, statistics, peer counselor, and lactation specialist records; and evaluation of individual breastfeeding records
- ! Immunization reports and surveys; Hepatitis B quarterly report; and establishment of a system to make Hepatitis B vaccine available
- ! Clinic waiting time surveys and workload analyses
- ! Food distribution surveys and participation reports
- ! Third party earnings reports; and analyses of financial, personnel, and purchasing records
- ! Vital statistics
- ! Sonographer performance evaluation check-list
- ! PHRM Medicaid monthly reports and program audits

Support Needs: District V needs financial and administrative support from the agency and from the county/municipal governmental entities within the district.

EAST CENTRAL PUBLIC HEALTH DISTRICT VI

Major Health Status and Demographic Indicators:

District VI has a total of 222,800 individuals residing within its mostly rural nine counties. With Mississippi's highest concentration of Native Americans and Hispanics, the district has a total non-white population of 38%. District VI maintains the fourth highest poverty level and the second smallest population of the nine districts. The average household income is \$28,733, with 21.9% of households below the poverty level. Females head 12,252 households; 54% of these have children. TANF provides Medicaid coverage to 2.9% of the population, and the current unemployment rate is 5.3. Each county, except Kemper, has at least one medical/surgical hospital. Lauderdale County is the site of one public and one private mental health institution. Weems Mental Health Services provides outpatient services in all nine counties. Three Meridian hospitals have obstetrical units. Currently 11 obstetricians and five nurse midwives practice in the Meridian hospitals. There are 15 rural health clinics (RHCs) scattered throughout the nine counties. Three community health centers (CHCs) have sites in Clarke, Lauderdale, and Newton counties with satellites in Kemper, Neshoba, and Jasper counties. There are 31 school nurses located in seven counties. Smith and Kemper counties have no school nurses.

The leading cause of death from age one to 44 is accidents; beyond age 45 heart disease takes the lead, followed by malignant neoplasms. There were 2,456 deaths in District VI in 1997. During that same interval, there were 3,120 births. The district's 1997 rate of infant mortality is 10.4, compared with the state level of 10.6. The percent of births to teens is 19.7, and 89.2% of two-year olds have completed their immunizations. There are 110 child care centers. Approximately 85% of the district residents are on a community or other approved water system. However, 75% are not connected to a community sewer system. There are increasing numbers of food handling establishments as a result of the casino in Philadelphia and the new mall in Meridian.

Major Service Delivery Problems Identified:

The Medical Community: In spite of the increasing numbers of RHCs and the presence of CHCs, uninsured patients have limited access to care. Emergency rooms are used as outpatient clinics not only by the uninsured, but by many who are on Medicaid or private insurance. This not only increases the cost of health care, but reflects concerns that many patients still do not have a medical home. HealthMACS has not eased the burden on emergency rooms. Public health clinics in the six smaller counties provide practically all of the prenatal care for Medicaid maternity patients for lack of other local medical resources. Major adjustments are still being made as health care providers deal with the increase in paper work generated by HealthMACS.

Other Community Concerns: The presence and visibility of undocumented and/or ineligible aliens in the district continues to increase, as does the number requesting health department services - particularly in Scott, Leake, and Neshoba counties. This increase is a result of Hispanic employees recruited for employment with chicken processing plants in the area. District and local staff are addressing the bilingual needs for serving these clients, which continues to place a strain on the provision of services.

State and Federal Government: Some of the district's employees are in classifications whose pay range is not competitive with the private sector. This has a negative impact on retaining certain employees, as well as interfering with the ability to hire well qualified staff when filling vacancies. Current budgetary constraints limit the district's ability to employ staff as vacancies occur.

Global Concerns: HealthMACS is now operational in all nine counties and, as expected, there has been a reduction in Medicaid earnings in District VI clinics. The current staffing level of the clinics is the lowest in 11 years. Priorities must be redefined for the anticipated reduction in funding as well as the reduction in staff.

Programmatic Concerns:

Maternity: District VI serves 40% of all maternity patients for all or part of their pregnancy. Lauderdale, Jasper, and Smith have had the most significant decrease in maternity caseload, but are working with private providers to coordinate PHRM services.

PHRM: Limited availability of social workers and nutritionists has hindered the expansion of PHRM. The complexities of the program interfere with its effectiveness and efficiency.

Child Health: This program needs a current and updated child health manual. With the institution of managed care, health department clinics are doing less EPSDT. The tracking of children for immunizations has become more difficult, and the immunization process has become much more complicated and time-consuming. Lead screening has added not only another procedure, but added extensive follow-up responsibility.

WIC: Participation in WIC has decreased in this district as it has statewide. Lack of access to certification is thought to be a factor in the decline. Shortage of clinic staff and a shift of nutritionists into the PHRM activities are handicapping the district's ability to certify all who are eligible.

Early Intervention: The district's rural communities have very limited resources for disabled children.

Family Planning: Pap smear follow-up continues to be very time-consuming. The district has eight colposcopy clinics a month. Home health nurses conducted approximately 1,000 post-partum home visits in the past year, without reimbursement from Medicaid.

STD/HIV: The current DIS staff consists of two investigators supervised by the epidemiology nurse. This provides adequate staffing for the current rates of STDs, but would not be adequate to handle a significant outbreak.

Tuberculosis: During the past three years, several chicken plants have been screened for TB because of an employee with active tuberculosis. Communication with the increasing numbers of Hispanics has made this a cumbersome process.

Immunization: The complexities of the immunization program are making it increasingly more difficult to keep district staff adequately trained. African-American senior citizens participate very poorly in the flu and pneumococcal vaccine clinics. As HealthMACS expands, coordination with private providers regarding shots is becoming increasingly difficult without a statewide registry. Health Department staff shortage has reduced capabilities to do tracking.

Home Health: New federal guidelines have resulted in a significant decrease in home health caseload. This has resulted in a reduction in staff because of the reduction in earnings.

Environmental Health: Only one of the nine counties has passed ordinances for the control of residential wastewater disposal. Only one community requires health department authorization for a food service facility before issuing a city privilege license. The district's one urban county, Lauderdale, has no county wastewater control ordinance.

Staffing: Hiring limitations have reduced total staff from 256 in 1995 to 190 at present.

Major Strengths and Resources Identified:

The Medical Community: The Meridian medical community has significantly increased the number of family practice physicians and is broadening its base of specialists. Only Kemper County has a physician-to-population ratio of greater than one to 3,500. Patients generally receive a good quality of care once they

get into the health care system. Access to care for acute illnesses has improved for Medicaid children, and almost every county now has at least one family practice clinic that is open after hours. Meridian has its first "for profit" hospital, with the purchase of Riley Hospital by HMA.

Other Community Assets: A private prison in Lauderdale County opened recently that will employ a nurse and 150 other staff. Several counties have new jails, and two have hired nurses. The sale of Riley Hospital resulted in the establishment of the Riley Foundation, which is dedicated to enriching health care services in the area. The general economic climate of the district seems stable. After five years of economic expansion stimulated by the Choctaw casino, Philadelphia's growth has stabilized. The new mall development in Meridian is benefitting Lauderdale County economically.

State and Federal Government: If welfare reform proceeds as planned, many welfare recipients will eventually find employment where health care benefits are provided.

Global Concerns: Environmental concerns are slowly gaining more attention from local politicians.

Programmatic Issues:

Maternity: The availability of prenatal services to Medicaid patients in Lauderdale County has reduced the health department prenatal caseload to approximately 40% of previous levels. The Teen Learning Center is entering its 25th and last year of operation. This alternative education program for pregnant teens will be phased out and an in-school program developed to help meet the needs of the teens who stay in school.

PHRM: The PHRM program has expanded into all counties.

Child Health: A pediatric orthopaedic specialist from Jackson is now manning CMP orthopaedic clinics in Meridian every other month. This enables the department to provide care to many children and reduces the need for travel to Jackson. HealthMACS has resulted in a significant decrease in EPSDT activity in the clinics districtwide.

WIC: The district is expanding opportunities for patients to become certified for WIC. Nurses are currently doing WIC certification in all three delivering hospitals. After-hours clinics are available in Lauderdale County one evening a month for families who need an after-hours opportunity to renew their certification. The Lauderdale County Distribution Center will expand its operational hours by August 1, 1999. Breast-feeding is gaining support, and the district now has breast-feeding educators on staff.

Early Intervention: A district director for this program was hired in 1998. Staffing will be complete September 1, 1999. In the past two years, all three Meridian hospitals and the Hudspeth program offer speech, hearing, development screening, and therapeutic services.

Family Planning: Family Planning numbers have increased for the past three years. Lauderdale County's decrease in maternity caseload has allowed more time to serve family planning patients. Lauderdale County has an after-hours clinic, with a nurse practitioner, for the convenience of family planning patients. In 1997, the district achieved its goal of providing family planning services to 10,652 total users and 3,176 teen users. All colposcopy follow-up is done within health department clinics. A breast and cervical cancer grant has been offered to the Greater Meridian Health Clinic, and finalization is expected soon.

TB/STD/HIV: District VI had a TB case rate of 9.1/100,000 for 1998. Outreach workers have been used in both Lauderdale and Scott counties to enhance DOPT capabilities. The STD/HIV program will continue under the supervision of the epidemiology nurse.

Immunization: District VI constantly strives to meet the objectives of 90% of two-year olds immunized. The district provides special clinics off site each fall to administer flu vaccine and pneumococcal vaccine; works

closely with all clinics who provide immunizations to make sure that they have updated ACIP recommendations; and added after-hours clinics to increase the availability of immunizations to children of parents who work.

Health Education: Two years ago the district received funding to produce a two-hour loop video for county clinics. This video covers issues around family planning, self-breast exam, immunization, nutrition, and prenatal care. Other videos include information on breast-feeding, immunizations, and prenatal care.

Home Health: Expansion into family planning post-partum visits is now complete in every county and has been well accepted by patients and employees. Plans are finalized to expand home health services into Simpson, Rankin, and Madison counties.

Environmental Health: District VI continues to inspect and license its own child day care centers. The introduction of the HACCP food inspection concept is both time-consuming and rewarding. The district will increase efforts to help counties establish sound wastewater regulations.

District and County Facilities: Smith and Leake Counties have new clinic buildings, and Leake has a new WIC distribution center. Morton is moving into a new clinic this month, while Forest has had minor renovations and fresh paint.

Staffing: Staff reduction has stressed efficiency and productivity. The clinician staff has remained stable, with three physicians and six nurse practitioners.

FY 2000 Objectives:

- ! To expand post-partum home visits.
- ! To complete expansion of PHRM.
- ! To expand WIC participation by use of special grant funds.
- ! To access changes in needs and demands for environmental services.
- ! To maintain a leadership role as an advocate for women and children.
- ! To participate in MCH block grant needs assessment.

FY 2001 Objectives:

- ! To expand "Prevention of Communicable Disease" training to child care providers, food handlers, and other necessary parties.
- ! To expand the breast and cervical program as funding permits.
- ! To monitor the impact of the Hispanic population on TB rates.
- ! To emphasize Hepatitis B immunization as a school entrance requirement for 2001.
- ! To hold at least one infant death conference.

FY 2002 Objectives

- ! To evaluate data from the cancer registry as it impacts District VI.
- ! To be able to provide useful data about community health issues to the medical establishment.
- ! To expand adolescent and adult immunization efforts.
- ! To strive to maintain a 90% immunization level.
- ! To have a fully integrated Early Intervention System in place.

FY 2003 Objectives:

- ! To expand post-partum home visits beyond the Medicaid recipients.
- ! To develop a community program that stresses accident prevention.
- ! To involve the communities in expanding adult and adolescent immunizations.

FY 2004 Objectives:

- ! To support health education efforts directed toward chronic illness.
- ! To evaluate accident prevention activities.

Methodology:

The district will evaluate community needs as health care changes occur, as well as monitor health department activities.

TB/STD/HIV: All TB patients of District VI will be administered DOPT, and continued emphasis will be placed on INH prophylaxis. With the decrease in DIS staff, STD services will be further integrated into the public health clinics, which will require training the clinic nurses to assume these responsibilities.

Immunization: District VI will support current changes in the immunization schedule and provide assistance to those clinics in areas that also provide immunizations. Tracking efforts will be monitored in private offices as well as in MSDH clinics.

Home Health: The district will actively continue to expand the post-partum home visits.

WIC: Improving family access to certification and to the warehouse should increase participation.

Family Planning, Maternity & Child Health: The district will continue its emphasis on expanding family planning, particularly for teens, and will continue to support schools that request assistance in health education programs. Efforts to assist the counties who are serving large Hispanic populations will include providing interpreters and appropriate materials - written, audio, and visual. After-hours clinics will be monitored and expanded as funding permits.

Early Intervention: All staff will be trained by October 1999. Integrating this program with CMP, child health, and community early intervention efforts will be a priority.

PHRM: PHRM will be expanded into all counties.

Environmental Health: The district will strive to maintain the general sanitation and child care licensure programs at current levels. Increasing the number of city and county ordinances fully regulating the wastewater program is a priority. The district will stress inspection of food service facilities based on risk assessment and expand the number of food service facilities involved in the HACCP program. More owner, manager, and worker training in food safety will be provided and the number of participants in the manager certification program will be increased.

Preventive Health: The district will respond appropriately to outcome measures provided by the central office programs and conduct quality assurance monitoring through individual and programmatic record reviews.

Evaluation: The activities of health department clinics will be monitored by evaluating the number of clients seen in various programs, as well as the numbers and types of services provided. Regular record audits evaluate the quality and appropriateness of care. District managers hold regular meetings of professional staff on a monthly basis and evaluate feedback from the county level staff. The counties receive responses to audits, to site visits, and to other performance indicators. The district will further seek community input.

Support Needs: With the increasing changes in the health care field, as well as current budgetary constraints, further training of district level management staff is important to prepare them to become better managers in a new era of public health.

SOUTHWEST PUBLIC HEALTH DISTRICT VII

Major Health Status and Demographic Indicators:

This nine-county district has the smallest population of any of the districts and the third highest poverty rate. The over-65 population in the district exceeds the state average by approximately 20%. The district is rural, having one city with a population of 20,000, two with a population of 12,000, and the balance being towns of 2,000 or less. The five-year infant mortality rate is 10.7, compared to the state average of 10.9. The district has the second highest percent of births to teens at 21.5%, with five counties exceeding the state average. The percent of births to teens represented a decrease from 22.8% in 1995 to 21.5% in 1996 and 1997. Amite, Jefferson, Lawrence, Pike, and Walthall counties were above the state average. The 1998 District VII case rate for chlamydia is 273.6; the case rate for gonorrhea is 328.85. The case rate for HIV is 23.44. The TB case rate for 1998 was 2.3, down from 1997's rate of 11.1. The immunization rate has increased from 80.2% in 1997 to 86% in 1998. The WIC total enrollment has increased slightly from 1998 to 1999; however, the total number of clients picking up food packages has remained the same.

Major Service Delivery Problems Identified:

Additional travel funds are needed to provide DOPT in patient homes. A lack of transportation for non-Medicaid patients continues to interfere with service delivery. The district faces difficulty securing funds for patients who do not have a payment source for needed prescriptions and for uninsured with major medical needs. Due to the increased number of health care providers and rural health clinics (RHCs) administering immunizations to children, the follow up/tracking of these children has broken down and contributed to decreasing the percentage of children who have completed vaccines by age two.

Budget constraints have increased vacancies in the environmental health staff. The Food Program has been the most impacted by this shortage. With the expanded duties of the Child Care Licensure Specialist in the district, additional support will be needed to provide timely inspections.

During 1998, District VII had an increase in primary and secondary syphilis, with the majority in Pike County. A major factor is the drug activity in the area. Screening and follow-up for lead poisoning requires a multi disciplinary approach and, due to a lack of funds, there are no financial resources for abatement activities once problems have been identified.

Providing PHRM/ISS services is a continued challenge due to the required multi-disciplinary involvement of nursing, nutrition, and social work staff, and coverage of several counties by staff.

Loss of patients due to HealthMACS and EPSDT patients going to other providers have caused a loss of revenue.

Major Strengths and Resources Identified:

District VII is served by eight hospitals, two of which are Level II facilities of 157 beds and 250 beds. All hospitals are very cooperative and provide an excellent source for diagnostic services at agreed upon rates. Four rural community health agencies operate within the district and provide excellent opportunities for linkages in providing services to patients. The district has access to funds for transportation for TB patients through the Boswell Fund/MDHS.

The district has had continuing support from most private physicians in every county. These physicians have agreed to provide consultation and direct services through contractual agreements. OB/GYN physicians hold clinics in Lincoln and Pike County Health Departments to provide maternity, family planning, and Pap smear follow up services. Six OB/GYN physicians are now accepting Medicaid patients in Adams County. District VII has been able to maintain maternity services in the agency.

The district served 11,721 family planning users in 1998, an increase of 548 from 1997. Pike and Lincoln counties offer in-house Pap follow-up clinics. MCH/FP waiting time surveys showed that patients receive appointments within two weeks, with the exception of one county.

A FP/PHRM social worker was hired by a special initiative FP grant to provide intensive FP services in Pike County to PHRM/ISS patients before delivery and up to 18 months after delivery. Currently, 121 patients have been enrolled in the program. Services are provided for home visiting mothers and infants after

hospital discharge for patients delivering at Southwest Mississippi Regional Medical Center in McComb, King's Daughters Hospital in Brookhaven, and Natchez Community Hospital in Natchez. Services for Field Hospital in Centreville began in early 1999. Public health/home health nurses assess mothers and babies and provide other services at home after hospital discharge. These nurses have been certified to provide these services.

There are strong referral bases in Wilkinson, Franklin, and Pike counties for home health. District VII continues to have a smaller number of WIC clients who fail to pick up food packages after certification. The district has a stable and trained DIS staff who are able to locate and motivate patients and contacts for treatment.

Because of a dedicated staff, District VII has always achieved good scores on state and Federal surveys in the food program and a high rate of productivity in other areas. The Extension Service and the Soil Conservation Service have always offered strong support, along with the central sanitation staff.

FY 2000 Objectives:

- ! To ensure that all clinics are providing services at an efficient level as validated by agency indicators.
- ! To coordinate services of health departments with other providers in each community/county.
- ! To continue to serve at least 11,271 family planning users in the district.
- ! To maintain the 3,128 family planning users between 13 and 19 years of age.
- ! To continue to provide PHRM/ISS services and expand the caseload to more effectively meet the target PHRM/ISS population in all of District VII's counties.
- ! To continue to network with CHCs to provide contraceptive services.
- ! To maintain post-delivery home visiting to all Medicaid patients.
- ! To maintain/decrease the TB case rate to 2.3.
- ! To achieve a preventive delinquency rate of 5% or less on pick up of medications.
- ! To increase percentage of clients completing preventive therapy as ordered.
- ! To achieve a contact rate of 2.0 for HIV cases.
- ! To achieve a contact rate of 2.5 for syphilis cases.
- ! To establish counseling sessions through the Pike County Drug Court.
- ! To provide social work staff for HIV/AIDS patients district wide.
- ! To train all social workers in PHRM/ISS.
- ! To provide a comprehensive program of health care to Home Health patients.
- ! To secure a MSW social worker to provide Home Health services district wide.
- ! To continue to reduce STD rates through public awareness and increased contact rates.
- ! To continue to meet national benchmark levels for WIC participation and to maintain an annual failed to participate rate of 2.5 or less.
- ! To maintain 1999 levels in all environmental programs.
- ! To increase the percentage of children completing required vaccines by age two to 90% of all children served by health departments.
- ! To maintain the 1999 status of the First Steps Early Intervention System.
- ! To network with school health nurses funded by the Tobacco Free Mississippi grant to promote common goals.

FY 2001 Objectives:

- ! To ensure that all clinics are providing services at an efficient level as validated by agency indicators.
- ! To coordinate services of health departments with other providers in each community/county.
- ! To continue to serve at least 11,271 family planning users.
- ! To maintain the 3,128 family planning users between 13 and 19 years of age.
- ! To continue to provide PHRM/ISS services in all counties.
- ! To continue to network with CHCs to provide contraceptive services.
- ! To maintain post-delivery home visiting to all Medicaid patients.
- ! To continue to promote comprehensive school health in all schools.
- ! To maintain/decrease the TB case rate to 2.3.

- ! To achieve a preventive delinquency rate of 5% or less on pick up of medications.
- ! To increase percentage of clients completing preventive therapy as ordered.
- ! To continue to reduce STD rates through public awareness and increased contact rates of 2.0 for HIV cases and 2.5 for syphilis cases.
- ! To continue to meet national benchmark levels for WIC participation and to maintain an annual failed to participate rate of 2.5 or less.
- ! To maintain 1999 levels in all environmental programs.
- ! To maintain the percentage of all children who have completed required vaccines by age two at 90% of all children served by health departments.
- ! To maintain the 2000 status of the First Steps Early Intervention System.
- ! To maintain sufficient social work services to all programs in the district, including HIV/AIDS and home health.
- ! To continue a comprehensive program of health care to home health patients throughout the district and maintain postpartum home visits by staff.

FY 2002 Objectives:

- ! To ensure that all clinics are providing services at an efficient level as validated by agency indicators.
- ! To coordinate services of health departments with other providers in each community/county.
- ! To continue to network with CHCs to provide contraceptive services.
- ! To continue to provide PHRM/ISS services in all of District VII's counties.
- ! To maintain post-delivery home visiting services to all Medicaid patients.
- ! To continue to promote comprehensive school health in all schools.
- ! To maintain/decrease the TB case rate to 2.3.
- ! To maintain a preventive delinquency rate of 5% or less on pickup of medications.
- ! To increase percentage of clients completing preventive therapy.
- ! To continue to reduce STD rates in District through public awareness and increased contact rates to 2.5 for HIV cases and 2.75 for syphilis cases.
- ! To continue comprehensive Home Health services in all of the district's counties.
- ! To continue post-partum home visits.
- ! To continue to meet national benchmark levels for WIC participation and to maintain an annual failed to participate rate of 2.5 or less.
- ! To maintain 2000 levels in all environmental programs.
- ! To maintain the percentage of all children who have completed required vaccines by age two at 90% of all children served by health departments.
- ! To maintain the 2000 status of the First Steps EIS.
- ! To maintain sufficient social work services to all programs in the district, including HIV/AIDS, Home Health, and PHRM.
- ! To continue WIC outreach activities to clients and cooperative efforts with private and community agencies in order to serve 85% of eligible WIC clients.
- ! To continue to serve at least 11,271 family planning users in the district.
- ! To maintain the 3,128 family planning users between 13 and 19 years of age.

FY 2003 Objectives:

- ! To ensure that all health departments are providing services at an efficient level as validated by agency indicators.
- ! To coordinate services of health departments with other providers in each community/county.
- ! To continue to meet national bench mark levels for WIC participation and maintain an annual FTP rate of 2.5% or less.
- ! To target WIC outreach activities to clients, community agencies (Headstart), and private agencies (hospitals) in order to serve 85% of eligible WIC clients.
- ! To increase the number of WIC clients who receive a second nutrition education contact within each certification/recertification period.

- ! To continue to reduce STD rates in the district through public awareness and increased contact indexes to 2.5 for HIV cases and 2.75 for syphilis cases.
- ! To secure sufficient staff in order to meet environmental needs and deadlines.
- ! To maintain the percentage of all children who have completed required vaccines by age two at 90% of all children served by health departments.
- ! To maintain/decrease TB case rate to 2.3.
- ! To achieve a preventive delinquency rate of 5% or less on pickup of medications.
- ! To increase percentage of clients completing preventive therapy as ordered.
- ! To continue to provide comprehensive program of care to Home Health patients.
- ! To continue postpartum visits by staff.
- ! To sufficiently and effectively provide social work services for all programs in the district, including PHRM, HIV/AIDS, and Home Health.
- ! To continue to provide PHRM/ISS services in all counties.
- ! To continue to network with CHC's to provide contraceptive services.
- ! To continue to promote comprehensive school health in all schools.
- ! To maintain the 2000 status of First Steps: EIS.
- ! To continue to serve at least 11,271 family planning users.
- ! To maintain the 3,128 family planning users between 13 and 19 years of age.

FY 2004 Objectives:

- ! To ensure that all health departments are providing services at an efficient level as validated by agency indicators.
- ! To coordinate services of health departments with other providers in each community/county.
- ! To continue to network with CHC's to provide contraceptive services.
- ! To continue to provide PHRM/ISS services in all counties.
- ! To maintain postpartum home visiting.
- ! To continue to promote comprehensive school health.
- ! To continue to meet national benchmark levels for WIC participation and maintain an annual FTP rate of 2.5 or less.
- ! To target WIC outreach activities to clients, community agencies (Headstart), and private agencies (hospitals) in order to serve 85% of eligible WIC clients.
- ! To increase the number of WIC clients who receive a second nutrition education contact within each certification/recertification period.
- ! To continue to reduce STD rates through public awareness and to increase contact indexes to 2.5 for HIV cases and 2.75 for syphilis cases.
- ! To maintain staff levels to provide timely inspections in environmental and child care services.
- ! To sufficiently and effectively provide social work services to all programs in the district, including PHRM, HIV/AIDS, and Home Health.
- ! To continue to reduce the TB case rate, achieve a preventive delinquency rate of 5% or less on pickup of medications, and increase the percentage of clients completing preventive therapy as ordered.
- ! To have an increased role in providing comprehensive care for Home Health patients and to continue postpartum home visits to patients.
- ! To maintain the percentage of all children who have completed required vaccines by age two at 90% of all children served by health departments.
- ! To maintain the 2000 status of First Steps: EIS.
- ! To continue to serve at least 11,271 family planning users in the district.
- ! To maintain the 3,128 family planning users between 13 and 19 years of age.

Methodology:

Environmental Health: To respond to lot approvals and wastewater system design criteria in a timely manner and maintain the inspection frequency in the Food Sanitation program and the Child Care Licensure

program, along with other responsibilities such as tanning bed inspections and investigations of high lead levels, vacant PINs will need to be filled. Workload analysis will be needed to provide timely inspections.

Maternal and Child Health: PHRM/ISS has been fully implemented in all counties. The district PHRM/ISS coordinator and teams are implementing effective ways to provide services to a greater percentage of the target population by contacting private providers, rural health clinics, and community health centers for PHRM/ISS referrals. With one exception, FP/PP home visiting is available in all delivery hospitals.

WIC: To obtain the goal of expansion in the breastfeeding program, more lactation specialists and peer counselors will need to be hired.

Home Health: The district Home Health staff will work with regional home health supervisors to develop and implement public awareness, with some central office support. Record reviews and case conferences will be held on a weekly basis to identify problems immediately. District staff will review productivity monthly. Maintaining a favorable waiver of liability status will be a priority.

Social Work: Social Work staff will implement required services to patients. Existing staff will be used for PHRM/ISS or other social work, including HOPWA and home health programs, as the need requires. The district social work supervisor will update the county health department staff on changes within the program through staff meetings. The Social Work department will continue to function as a liaison with the agency and other community organizations.

Preventive Health: An immunization nurse with extensive training was hired in December 1997. She has been an asset to the district in providing in depth counseling to numerous child care facilities, headstarts, and district Health Department staff. Since her employment, the district has increased its percentage of two year olds who have completed their vaccinations from 80 to 86%. The district plans to continue outreach educational activities and strengthen working relationships with local providers.

Facilities: Buildings in Wilkinson County need upgrading; the district office will continue to work with the Board of Supervisors to upgrade facilities.

Evaluation: The percentages of target populations served, encounter reports, and registration reports will be used for evaluation. Record reviews will help determine quality and accomplishments, both in the clinics and in the home health program. Morbidity and mortality rates will serve as outcome measures for the evaluation of long-term impact on health status. Statistics, quality assurance reports, and reports generated by various programs at the central office level will help determine the effectiveness of programs at the county levels. A district program review and program monitoring will point out where areas of improvement need to be made. WIC breast-feeding data will be used to determine increases in the number of women breast-feeding.

Support Needs:

Health Communications/Public Relations: The district needs assistance from HCPR to develop localized informational/marketing materials for home health and preventive health. Brochures and fact sheets are needed to assist with marketing efforts at the district and county levels. Efforts should also be made to assist in promoting the family planning program. Further intensified dissemination of information through various mediums is needed in all infectious disease programs and to assist in a health promotion focus.

WIC: The central office will provide ongoing training for the automated record keeping system as needed for district warehouse center supervisor and distribution center personnel. Assistance from the breast-feeding program coordinator will be required to help the breast-feeding promotion and support program at the district level. The state WIC Director will need to provide educational material and breast-feeding equipment

(pumps, shells, etc.) on a continuing basis to facilitate the program's effectiveness. The district will need continued consultation services of the state breast-feeding coordinator.

Field Services and Policy & Planning: The district needs assistance to coordinate activities and communication between the central office and the field. There is also a need for FS to help with technical and management issues. The district will need assistance in determining if program policies and protocols are realistic, given the demand for services and the current level of resources. Also, P&P will need to continue to provide data to assist in the evaluation process.

Staff Development: SD will need to provide coordination of training activities, primarily in the sanitation and home health programs, and on-going management training. Annual update/training on the standards for bloodborne pathogens for all employees at risk for occupational exposure will be required. Re-training in meeting core public health objectives will need to be addressed. CPR training for staff is a continuing need.

Information Resources: The district needs timely information and data to help manage and evaluate programs. Assistance will be needed in acquiring computer/telecommunications equipment and the necessary training for its implementation.

Family Planning Program: Assistance from the central office staff is needed to provide a stronger focus on family planning and innovative ideas to expand this important program, particularly in rural areas. Efforts to attract teens to the program and to find ways to ensure continuation and follow-up of missed appointments is essential.

Perinatal and Child Health Services: Assistance will be needed to provide orientation and training to implement PHRM/ISS. There will also be a need to work with central office to look at alternate methods of implementation given the limited resources available to this project.

Preventive Health: TB - Additional staff will be needed to fully implement DOPT in contacts, both children < 15 years of age, as well as inmates at the prison facility. STD - Continued training and support will be needed for all DIS staff as well as Epidemiology nurses. The district needs central office continued support in providing technical assistance.

Public Health Nursing: Some district priorities for patient care have been established, but priority-setting will need to be on-going due to the demand for services, current available resources, and specific program demands. Central office staff will be consulted as needed.

Environmental Health: Coordination of training activities in the environmental program will be needed from Staff Development. Training in soil evaluation system designs and food service inspections will be needed to maintain the professional knowledge level of the environmentalists. HCPR will need to help the public stay informed about the wastewater law. Programs in the Division of Sanitation cannot be carried out except through an adequate number of county environmentalists who can perform the necessary work in all environmental health programs. Support from Epidemiology is necessary in foodborne illness and other outbreaks, such as vector-borne diseases.

Home Health: Coordination of orientation and in-service requirements in regional, district, and the central office will be on-going. Support will also be needed in the areas of post partum home visiting.

Finance and Accounts: Assistance is needed from this unit to secure adequate budget authority to replace obsolete/worn out equipment.

Social Work: Due to state and federal guidelines, a MSW Social Worker is needed to provide Home Health Services.

Conclusion: Primary care services by other health care providers, emergence of HMOs, and changes in the Medicaid Program may impact goals set in this district plan. Ability to maintain appropriate staff may also impact goals in this plan.

SOUTHEAST PUBLIC HEALTH DISTRICT VIII

Major Health Status and Demographic Indicators:

The Southeast Public Health District VIII population as projected by the 1990 updated census, is 257,493, approximately 10% of the total state population. During the 1980-1990 decade the population percentage aged 65 and older increased both district-wide and statewide. The number of private providers who accept Medicaid patients increased significantly as HealthMACS expanded into seven of District VIII's nine counties. There are five CHCs in the district. Medical facilities in Hattiesburg and Laurel serve as regional access points and referral sources. The five-year cumulative infant mortality rate (1993 - 1997) is at 9.9, slightly below the state average of 10.9. The number of births to teens decreased during 1997, as did the teen birth rate of 19.5 compared to 21.3 in 1996. Greene County has the highest percentage of births to teens in the district at 29.6.

District VIII had an increased TB case rate of 10.8/100,000 population, compared to 8.4/100,000 in 1997. This case rate remains one of the highest in the state. District VIII had 61 cases of syphilis in 1998, a 36.7% decrease from the previous year's total of 132, and remained the fourth highest in the state in the number of AIDS cases. Also in 1998, District VIII had 26 infected females, as compared to 16 in 1996. This increase of HIV-infected females has resulted in an increased workload involving partner notification and the follow-up of babies born to positive women. Dealing with the control of infectious diseases within the district is greatly affected by the following factors:

- ! Hattiesburg serves as a transportation hub in South Mississippi.
- ! Hattiesburg is the location of a major state university.
- ! There is a large military presence and military training facility.
- ! The population's fluidity has a lesser, but noticeable, impact on the delivery of health care services.

Completion percentages of childhood immunizations in the district are slightly behind the state average, but did show improvement in 1998. The district's completion percentage on the 1998 survey of two-year olds was 80%, compared to a 1997 district level of 72.6%.

The ability of the district to provide timely inspections of food service establishments, wastewater system recommendations, child care centers, and other programs remains strained due to the ever increasing numbers and requests in the areas surrounding Hattiesburg. The threat of the spread of disease remains through food, milk products, water, and improper disposal of wastewater and requires constant monitoring to protect the public health.

Major Service Delivery Problems Identified:

One of the major service delivery problems in District VIII is the transition and implementation of HealthMACS. As of July 1, 1999, all of the nine counties in the district are under the HealthMACS program, and HMOs began in Forrest County in 1997, transitioning the services of most pregnant women and children (EPSDT and immunizations) out of the health department to private providers. The district discontinued maternity services in Forrest County in September 1997, as the OB groups and community health centers have elected to become PCPs and are required to follow the patients in their offices rather than at the health department. Medicaid managed care has had a similar impact on other district counties. Considerable effort is being made to assure that care is provided under this system and to work with the private providers to transition services for the benefit of patients.

The significant loss of third party revenue from this change in service delivery has impacted the district's ability to fund activities in other areas such as family planning, disease control, and health promotion, for which funding is inadequate. The loss has affected the district's ability to provide services to patients who do not have a payment source. Current staffing levels in some disciplines and counties are of concern. The district has three nurse practitioners and one physician (district health officer) to cover the remaining clinics in all nine counties. There is also concern regarding nursing coverage in some counties. Social worker and nutrition resources are insufficient to expand the PHRM program district-wide.

Other problems involve limited access to transportation and public transportation does not exist outside of Hattiesburg. Many patients from rural counties are referred to Hattiesburg and Jackson for care. Transportation funds for Medicaid recipients are most often used for these long distance trips, rather than for the local service originally envisioned.

Low enrollment of teen users in the Family Planning program remains a problem. The district serves 84.1%, above the state average of 69.4%, of the family planning target population, primarily because of the large number of women 20 to 40 years of age who are at or below 150% of the poverty level.

Because of limited resources designated for disease control programs and staff and the increasing time and effort required for HIV counseling, testing, and contact follow-up, TB control efforts, STD diagnosis and treatment, epidemiology, and others, staff and time are diverted from other programs and activities. Monitoring and maintaining childhood immunization levels will remain difficult, as the private sector provides the majority of immunizations in District VIII. Patient non-compliance and the increase in the number of children under 15 years old diagnosed with TB infection affects services in the TB program, as well as the lack of timely diagnosis and referral by private physicians. Added responsibility for TB skin testing and administration of DOPT in the Forrest County regional jail and community work centers, as well as an increase in the number of TB patients requiring DOPT and home visits, have increased the responsibilities for TB on county level nurses and the district TB coordinator. Social service needs of these patients, especially the homeless, have also increased the time and effort necessary in the TB program area.

Chronic illness programs such as hypertension and diabetes have stagnated in most counties because county level staff are not available to provide additional services in these programs. Referrals to the Home Health program continue to decline as more hospital-based agencies have been established in the district. There are very few support services available in the rural counties, such as social services and other advocacy on behalf of the growing elderly and critically ill population, which include increasing numbers of children and AIDS patients. The continued growth of the Lamar County area of Hattiesburg with residential lots, retail stores, and an ever growing number of large franchised food service facilities continues to dominate the workload of the environmental health staff.

Major Strengths and Resources Identified:

The district's major strength lies with its competent, dedicated staff at the county and district level. Staff in all positions are genuinely concerned about the patients and their health status. The district has established working relationships with the private medical community in some of its counties to provide contract services for health department clinics. These relationships have enhanced the ability to provide physician services which would not otherwise have been available and brought a better understanding in the private medical community of public health problems and service dilemmas faced by patients. District and county staff also participate in a number of interagency efforts and use what they learn to improve referral and case management.

The district has fully implemented integration of services in the child health programs, resulting in better patient care. The primary focus of the FSEIP remains the coordination of services for families of special needs children and the maintenance of a district-wide coordinated interagency council to facilitate service delivery at the community level for these families and their children. The PHRM program now serves families district-wide. Newborn genetic screening follow-up is integrated into county operations with assistance from the genetic social worker. Referrals are made to FSEIP and PHRM on infants with positive test results as appropriate. Sickle cell disease case management is provided district-wide for children under 18 years of age. Regional bimonthly genetic field clinics and twice yearly metabolic clinics are well attended.

The district has two Level II hospitals which provide opportunities for delivery of high risk maternity patients. Forrest General Hospital and Wesley Medical Center's neonatologists and NICUs manage many babies formerly transported to Jackson, including PHRM clients. Relationships have been established with OB/GYN groups in Hattiesburg, Laurel, Purvis, and Columbia for referral of high risk patients. All counties have some degree of physician services for maternity care that in some cases may not otherwise be provided. All counties have private physicians who accept Medicaid patients for prenatal care and delivery. New mothers and infants are certified for WIC in Forrest General Hospital, South Central Regional Medical Center, and Wayne General Hospital.

In the disease control area, the district has made special efforts to improve case reporting and to increase awareness related to communicable/reportable diseases/STDs. These efforts included meeting with hospital infection control and employee health nurses, laboratory personnel, and physicians, along with providing inservices and presentations for various facilities and community groups. TB prevention and protocol have been developed for the new Marion-Walshall Correctional Facility, the regional hospital in Laurel, Covington County Hospital, and the Collins VA home. The TB coordinator is trained to provide inservices within the community to update nurses on TB skin testing, which has increased the ability to identify TB infection within hospitals, nursing homes, home health agencies, and health department settings. Disease surveillance and investigation is ongoing.

FY 2000 Objectives:

- ! To promote more community-based activity through improved health promotion/disease prevention activities and programs.
- ! To expand PHRM services to all counties in the district.
- ! To improve enrollment of postpartum women and older children on WIC by altering the certification process through cooperation with delivering hospitals, Head Start centers, and postpartum home visits.
- ! To expand PHRM/postpartum home visiting services to all counties in the district for the Medicaid patients of all delivering hospitals.
- ! To maintain disease investigation services to handle the expected HIV incidence and to maintain control of other STDs.
- ! To increase the capacity to provide DOPT to TB patients.
- ! To meet the year 2000 objectives for immunization of two year old children.
- ! To develop opportunities to expand partnerships with other medical providers and managed care organizations.
- ! To complete the implementation of standards and policies for food processors in the district.
- ! To ensure that two environmentalists in the district obtain seafood HACCP training.
- ! To facilitate improvements in the child care licensure program through staff expansion.

FY 2001 Objectives:

- ! To continue moving from primary care to emphasizing community-based disease prevention and health promotion activities, such as accident prevention, smoking cessation, health and fitness, and other lifestyle activities that are major contributors to the years of potential life lost in Mississippi.
- ! To redirect staffing based on community needs and available funding.
- ! To maintain and respond to environmental health needs throughout the district.
- ! To meet year 2001 objectives for Part C goals for children aged one through three.
- ! To decrease the TB case rate.
- ! To facilitate child care licensure inspections by fully staffing the child care licensure program.

FY 2002 Objectives:

- ! To decrease the TB case rate.
- ! To develop strategies to target specific community health problems based upon specific community assessments.

FY 2003 Objectives:

- ! To evaluate meeting previous objectives and redirect services/resources based on need and available capacity.
- ! To develop a five-year strategic plan for environmental and community health services for the new century.
- ! To participate in the Gulf of Mexico program, which is designed to eliminate surface contamination in this drainage basin.
- ! To decrease the TB case rate.

FY 2004 Objectives:

- ! To implement new community health services based on strategic plans.
- ! To form community coalitions to assist with reducing morbidity/mortality.

Methodology:

Clinical Activities: The district will maintain clinic services as currently provided in family planning and disease control. MCH clinics will be maintained where necessary and in areas not affected by HealthMACS. The district will continue to focus on teen users of the family planning program by reducing waiting times. Depo-Provera is now administered before the postpartum patient leaves the hospital, in an attempt to decrease future pregnancies. The district staff will review program activity, workload, and staffing patterns in each county, as well as program protocol, to maximize efficiency and an acceptable level of quality. District and county staff regularly schedule meetings and planning sessions with other medical providers and facilities to share educational updates, increase access or referrals, and ensure continuity of care. All counties are now in HealthMACS. Forrest County has Medicaid HMOs.

Disease Control: The district will continue to have monthly meetings with the DIS staff to review STD cases and will attempt to strengthen the interview process (i.e., second interview, re-interviews) to improve contact and exam indexes. The district will also continue to educate health care providers on the CDC's latest STD guidelines to insure proper treatment of STDs.

First Steps Early Intervention Program: FSEIP will start a major child-find initiative to link its programs to the Rural Health Initiative Centers in District VIII. This effort is the final step in child-find activities, which has netted relations with all major and independent medical services in the district. FSEIP will continue to support initiatives with independent school districts for the evaluation or services to the birth through two developmentally-delayed population.

Immunizations: To continue monitoring progress in the area of childhood immunizations, the district immunization HPR will do a clinic assessment in each county on a quarterly basis, focusing on children aged 16 - 18 months, to help assure completion of the primary series by 24 months. The records of all children in this age group who are immunized at health department clinics will be reviewed, and the district will do follow-up contacts to encourage parents to get children back to the clinics to complete the vaccine series. An Immunization Action Plan (IAP) nurse is working on patient recall and other immunization-related activities. The IAP nurse's activities will be supplemented by the work of the district IAP clerk, the county staffs, and district-level personnel in the area of patient recall, in an effort to meet state and national goals with respect to early childhood immunizations.

Tuberculosis: Program audits will be done in each county twice a year. The district TB coordinator will meet monthly with county health department nurses in pre-clinic conferences to assure continuity of appropriate medical care for TB patients and to coordinate evaluation clinics with district TB medical consultants. When available, DIS staff will be utilized in locating preventive patients and in DOPT.

Education: The district AIDS health program specialist will work closely with the individual hired as community health education facilitator to enhance the educational program by broadening topics and increasing resource availability, which may have an impact on behavior change.

Social Work: Priority for social work activities includes PHRM and genetics/CMP. Expansions in PHRM will lead to greater social work coverage throughout the district. A bi-monthly sickle cell disease clinic will enhance sickle-cell case management. In addition, social workers will attempt to provide services to HIV/STD and TB patients. Social workers' links with other health care providers and social service agencies will be strengthened.

Nutrition: Nutrition services will focus on increasing WIC certification and PHRM enrollment to provide counseling for risk conditions and prevent nutrition-related health conditions. To improve education and support services to prenatal women, contract lactation specialists are working with area MD clinics. Wesley Medical Center will be added as an in-hospital WIC certification site. Education regarding general nutrition and lactation will be provided at distribution centers.

Environmental Health: It is proposed to emphasize the quality of food inspections by providing a more thorough inspection in each establishment. This would be accomplished by providing training programs to standardize each environmentalist in the interpretation of regulations and inspection procedures.

Administrative Activities: Plans include completion of a new health department building in Perry County, funded through CDBG, and equipping and relocating of this facility. To maximize third party billing, the district will continue to emphasize its extreme importance to all staff. The district office will perform quarterly audits of third party billing to ensure timely billing and to ensure proper back billing.

Evaluation: The district will utilize four primary efforts for evaluation of all programs and activities:

- ! Direct observation and supervision of personnel in the implementation of services, the following of procedures and protocol, and the providing of an acceptable level of quality effort and caring. Program record reviews and audits are also a part of this process.
- ! Ongoing review of data and statistical information to ensure proper levels of staffing, adequate and timely provision of services, appropriate patient flow, and proper billing and fee collection. This effort would be accomplished by utilizing information such as encounter and registration information, sampling of availability of appointments, workload analysis information, third party billing information, and indicators from target populations served.
- ! The most important evaluation would be the outcome criteria. Efforts would be made to look at morbidity and mortality data to assess effectiveness of services and future plans of action. This information would be critically reviewed in terms of meeting the agency's overall mission of long-term public health objectives.

Support Needs:

Program Staff, Policy and Planning, and Field Services: The district will need assistance to set service objectives and goals toward establishing a clearer set of priorities and to determine if program policies and protocols are realistic given the demand for services and the current level of resources. There will also be a need for these units to provide data to help in the evaluation process and to assist the district staff with technical and management issues.

Staff Development/Public Relations: The district needs ongoing support from these units to assist with staff and management training, as well as county-specific brochures and fact sheets for public relations efforts.

Community Health Services: The district will need consulting and technical assistance and continued support for the TB program through contract staff paid through grant funds. Additional assistance is needed to secure added funding for the district for disease control activities especially related to HIV/AIDS and TB.

COASTAL PLAINS PUBLIC HEALTH DISTRICT IX

Major Health Status and Demographic Indicators:

The 1990 census data showed that 378,505 people, comprising 15% of the state's population, resided in District IX: 302,644 were white; 75,861 were non-white; and 6,500 were of Asian/Pacific origin. Approximately 50% of the population resides south of Interstate 10. Coastal population projections for the counties comprising the District IX public health service delivery area are as follows:

County	1995		2000	2005
George County	17,884	19,541	20,680	
Hancock County	36,182	43,624	47,230	
Harrison County	170,862		187,315	194,319
Jackson County	133,134		138,508	147,192
Pearl River County	41,866	48,445	51,953	
Stone County	12,318	14,079	15,378	
District Population	412,246		451,512	476,752
Projected Increase (over 1990 census)	33,741	73,007	98,247	
State Population	2,693,053		2,827,703	2,948,735

Source: Mississippi Center for Policy Research and Planning

The more densely populated areas of the Coast have not actively sought to upgrade the public transportation system at an affordable rate, especially for the economically disadvantaged. Hence, access to adequate transportation remains the number one deterrent to the attainment of health care by the poor. The five-year average infant mortality rate for District IX is 9.0, with county rates ranging from 22.7 in Pearl River County to 15.4 in Hancock County. The 1997 teen birth rate for the district is 19.7%, with the highest rate of 22.7% in Pearl River County.

The district's infectious disease control program continues to be influenced by the high level of mobility and transiency of the population. This factor is related to the accessibility of interstate highways, dockside gaming, seasonal employment, tourism, the Gulfport seaport with ships from many foreign countries, and the location of three major military installations (Keesler Air Force Base, Biloxi; the Naval Construction Battalion Center, Gulfport; and the Jackson County Naval Homeport, Pascagoula). A transient population and a nationwide increase in reported diseases require that the district intensify efforts in infectious disease control. The variable infant mortality/teen pregnancy, mobility, transiency, and relative poverty noted in this area illustrate and highlight a critical need for public health social workers to assist in the provision of access to needed care, resource development, advocacy, financial assistance, counseling, and health education. The area's recreation and tourism industries require an active public health environmental program. Control of food-borne and water-borne diseases are of utmost concern to the community. Wastewater treatment and the abatement of sewage contamination are especially critical for the ecological survival of coastal county soils and wetlands. These ecological factors impact and are impacted by the tourism industry in profound and irrevocable ways.

Major Service Delivery Problems Identified:

High risk infant follow-up remains a problem because of the transiency of targeted families. Lack of transportation ranks as the biggest barrier to patients' ability to receive clinic services. The ensuing societal consequences, both positive and negative, associated with the gaming industry have created an increased demand for the interventive skills of public health social workers. The problems of residents relocating to the area for gaming reasons include such challenges as case management in the forms of advocacy, resource identification/linkage, financial assistance, housing assistance, counseling, and the like. These services are provided to patients seeking high risk infant and maternity services, child health, adolescent health, chronic illness program services, epidemiology program offerings, home health, and others.

The advent of managed care has made the maternity caseload in Harrison (Gulfport) and Hancock County Health Departments hard to predict. Staffing needs are difficult to evaluate because of this uncertainty. The delivery of pediatric services to needy children on the Mississippi Gulf Coast is sporadic and somewhat unreliable.

Postpartum women continue to be underserved in WIC. Fewer WIC clients report utilizing all their WIC food products. Priority I and II clients remain a major focus, with many Priority I clients meeting high risk criteria. The population of breastfeeding women, however, is consistently increasing. Protection, promotion, and support of breastfeeding is a high priority.

Chronic disease co-management efforts are hindered by the lack of financial resources of at-risk behavior patients. This lack of resources, coupled with the growth in the area, have contributed to a noted increase in the types of intricate cases encountered on a daily basis by the social workers in the county public health clinics. The control of TB is impeded by the highly transient and homeless population, a high number of TB infected Asian immigrants, the influx of gaming casinos, and the inherent problems encountered in nursing homes and correctional institutions. All of these elements pose particularly high risks for TB infection and disease. District IX's TB case rate decreased from 8.8% in 1997 to 5.6% in 1998.

A wastewater disposal law would better protect the environment if the law required a preliminary site evaluation approval as well as final approval of the sewage disposal system installation. Linking the release of utilities to the site until final health department approval of the system could be sought as part of the state law. In lieu of a state-level linkage, efforts will continue to have county ordinances drafted which require a functioning sewage disposal system prior to a residence being inhabited.

As growth continues, the number of food handling establishments will also increase. Emphasis will continue on critical health and food safety items concerning proper maintenance of safe temperatures, sanitary employee hygienic practices, and the proper disposal of garbage and waste.

Major Strengths and Resources Identified:

All counties in District IX are below the state average for income at less than 150% of poverty, and the district is fortunate to have access to both primary and secondary care physicians and facilities. The University of South Alabama fills an unmet need for tertiary care, particularly in the eastern portion of the district, for prenatal care and genetic services. There is a cooperative relationship between both private and public health professionals in the area. There also exists a strong cooperative relationship between the public health system, human services, and related community service agencies. Public and private providers continue to cooperate with the county health departments in treating diabetic and hypertensive patients. HealthMACS now operates in all counties. HMOs offer services in the three coastal counties. PHRM has been implemented in all counties. The Harrison County Board of Supervisors appears committed to building a new clinic in Gulfport, and staff are meeting with the architect chosen by the Board to formalize plans.

Health education in District IX continues to redefine and modify its preventive program efforts to conform with the proposed draft of the Healthy People 2010 objectives. Through the availability and willingness of health care professionals, residents of this area are afforded the availability of a multi-disciplinary public health speaker's bureau, whose intent is to assist in preventive health care efforts within the community.

District IX's WIC breastfeeding promotion and support program is in its ninth year. All health department clients receive prenatal breastfeeding education. Clients who are breastfeeding receive management assistance and support throughout their breastfeeding experience.

FY 2000 Objectives:

- ! To reduce the five-year average infant mortality rate.
- ! To meet the MCH/FP program goals as prescribed by MSDH guidelines.
- ! To continue providing postpartum home visits for all eligible mothers and infants.
- ! To increase the number of adult vaccinations.
- ! To implement the immunization recall system in all counties and for the private sector.
- ! To continue providing optimal PHRM program services in all counties.
- ! To continue implementation of a district-wide early intervention services network for children with disabilities, ages birth through two years, and their families.

- ! To provide comprehensive early intervention service coordination to all eligible children and their families who are not receiving services through other resources.
- ! To increase the number of early intervention service coordinators in order to adequately serve the early intervention population in accordance with state and federal standards and time lines.
- ! To increase the number of county-level social workers to adequately address the growing social service referrals encountered in all areas of public health, especially psychosocially related problems of epidemiology program patients.
- ! To continue to appoint Priority I and II WIC patients within two weeks of request for service.
- ! To continue to increase and strengthen the network with other local community agencies that target WIC and MCH clients.
- ! To continue to improve client utilization of WIC food packages.
- ! To strengthen outreach in the Vietnamese community by use of bilingual personnel and development of Vietnamese literature.
- ! To ensure the use of standard lesson plans and appropriate materials in second nutrition education classes in each clinic.
- ! To continue providing nutrition consultation by an RD or RD-eligible nutritionist for home health patients.
- ! To expand on the concept of second nutrition education follow-up and certification/recertification at WIC Distribution Centers.
- ! To continue providing access to breastfeeding information and education for WIC maternity clients and breastfeeding management support for WIC breastfeeding clients.
- ! To continue to work with health care providers, hospitals, and community organizations in promoting, supporting, and protecting breastfeeding.
- ! To increase the number of programs available in schools and community groups in prevention strategies for family planning, STD, HIV/AIDS, environmental health, maternal and child health, breastfeeding, cardiovascular health, diabetic health, tuberculosis, and other chronic diseases and continue to meet 100% of health education 2000 objectives.
- ! To implement HIV education in 20% of all District IX schools, increasing 10% per year.
- ! To continue maintaining open lines of communication with all human service agencies, providers, and residents interested in the promotion of preventive public health in the District IX service delivery area.
- ! To increase the visibility of public health programming and/or services through media coverage.
- ! To continue providing same day service for STD patients and contacts.
- ! To assure that 98% of all pregnant females and 98% of infants less than one year of age with a reactive STS receive complete medical evaluation and serologic follow-up.
- ! To strive to meet the TB program goals according to TB program guidelines.
- ! To provide quality high tech home health services to patients of all ages in a cost effective manner.
- ! To inspect all tattoo facilities in the district.
- ! To provide home health patients and their caregivers with information regarding advance directives.
- ! To strive for all county governments to adopt front end enforcement of the state wastewater laws and require final approval of all new systems.
- ! To have all environmentalists continually trained in the most recent technologies of wastewater disposal and the mapping and plotting of all systems.
- ! To strive to make all inspections of food service establishments as required by regulation and based on risk assessment.
- ! To plot all retail food service establishments through the upcoming Geographic Information System process.
- ! To identify and investigate all food-borne disease outbreaks.

FY 2001 Objectives:

- ! To reduce the five-year average infant mortality rate.
- ! To meet the MCH/FP program goals as prescribed by MSDH guidelines.
- ! To continue providing postpartum home visits for all eligible mothers and infants.
- ! To increase the number of adult vaccinations.

- ! To implement the immunization recall system in all counties and for the private sector.
- ! To continue providing optimal PHRM program services in all counties.
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- ! To plot all retail food service establishments in District IX through the upcoming Geographic Information System process.
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- ! To increase the number of programs available in schools and community groups in prevention strategies for family planning, STD, HIV/AIDS, environmental health, maternal and child health, breastfeeding, cardiovascular health, diabetic health, tuberculosis, and other chronic diseases and continue to meet 100% of health education 2004 objectives.
- ! To implement HIV education in 20% of all District IX schools, increasing 10% per year.
- ! To continue to maintain open lines of communication with all human service agencies, providers, and residents interested in the promotion of preventive public health in the District IX service delivery area.
- ! To increase the visibility of public health programming and/or services through media coverage.
- ! To continue providing same day service for STD patients and contacts.
- ! To assure that 98% of all pregnant females and 98% of infants less than one year of age with a reactive STS receive complete medical evaluation and serologic follow-up.
- ! To strive to meet the TB program goals according to TB program guidelines.
- ! To provide quality high tech home health services to patients of all ages in a cost effective manner.

- ! To inspect all tattoo facilities in the district.
- ! To provide home health patients and their caregivers with information regarding advance directives.
- ! To strive for all county governments within District IX to adopt front end enforcement of the state wastewater laws and require final approval of all new systems.
- ! To have all environmentalists continually trained in the most recent technologies of wastewater disposal and the mapping and plotting of all systems.
- ! To strive to make all inspections of food service establishments in District IX as required by regulation and based on risk assessment.
- ! To plot all retail food service establishments in District IX through the upcoming Geographic Information System process.
- ! To identify and investigate all food-borne disease outbreaks.

Methodology:

Maternal and Child Health: The district office will monitor county appointment waiting times for MCH services and adjust clinician schedules to relieve lengthy waiting times as possible. PHRM services will continue to be provided to high risk mothers and infants in all counties on a referral basis. Maternity patients eligible for WIC will be certified at their first perinatal visit. Information will be obtained from the local hospital regarding delivery of health department maternity patients and newborn infants. Maternity patients will be advised of services provided through the Child Health program during prenatal care and at their postpartum visit for continued follow-up of newborns and siblings. Local hospitals will be contacted and, where feasible, postpartum certification of mothers and infants will be instituted to increase WIC enrollment of postpartum women and infants, and expanding WIC certification of infants and new mothers in hospitals.

Children's Medical Program: Coordination and follow-up will continue regarding the provision of necessary treatment, follow-up securing of equipment for referred patients, and quality assurance of that equipment. Plans of care as authorized through Medicaid will be initiated to further ensure the provision of needed treatment and services for programmatically eligible individuals.

Immunization: The nurse epidemiologist will evaluate the immunization computer bases recall system using the district quality assurance evaluation tool. The district will promote awareness of adult vaccines.

Family Planning: Teen FP appointments are available in all clinics and through health education efforts. All clinics will increase the number of FP appointments, with emphasis on teens. Maternity patients will be advised of services provided through the Child Health Program during prenatal care and at their postpartum visit for continued follow-up of newborns and siblings. All eligible mothers and infants will receive a postpartum home visit. At that time, referrals will be made to the clinic-based social workers for patients requiring assistance with eligibility questions, access, housing, financial assistance, counseling, and other needs. The district will make recommendations for improved clinic productivity, utilization of provider staff, and scheduling of patients based upon results of patient flow, analysis of appointment schedules, encounter reports, work load analysis, and client questionnaires.

Early Intervention Services: A plan for the provision of early intervention services shall be developed and revised annually. Service coordination shall be provided to all eligible children and their families who are not served in that capacity by other resources.

WIC & Breastfeeding: To increase and strengthen the network with community-based agencies, nutritionists will conduct outreach activities targeting maternity patients and children between one and five years old. Referral sheets giving information on local services will target pregnant women. Group classes targeted to the Vietnamese patients will be offered, and more Vietnamese literature will be made available to local clinics. The distribution centers will be expanded, where possible, to include nutrition education areas. Nutritionists will use these areas for food demonstrations, group classes, recertifications, and food package changes. Creative methods of presenting nutrition education to young children are being reviewed and will

be implemented through contract staff. The district breastfeeding program coordinator will maintain regular scheduling of breastfeeding prenatal classes in every county as well as providing a support person for 100% of WIC clients in the district. A district breastfeeding coalition will continue to improve community promotion, support, and protection of breastfeeding. The district breastfeeding program coordinator and lactation specialists will conduct outreach activities targeting maternity patients and breastfeeding women. Social workers will continue to be consulted as needed. Inservices will be provided on an annual basis to clinic staff and health professionals. Peer counselors and lactation specialists will continue to encourage patients to participate in family planning, immunization programs, and other health department and community programs of benefit to infants, young children, and parents.

Health Promotion and Education: The district health educator will establish a community-based task force to identify health education needs for at least two counties within the district. These identified needs will receive priority for health education programs within that community. The district's health educator will continue outreach efforts with school personnel. School faculty and health instructors will be trained to teach what health educators have taught in the past. By utilizing the district as a fundamental resource, schools will have more leverage in how students are taught sensitive subjects. Community-based organizations, human service agencies, and agency employees will continue to have access to the expertise of the health education coordinator.

Tuberculosis: The District IX TB program staff will ensure that county nurses, military bases, veterans administration hospitals, nursing homes, the private medical community, and hospitals are aware of TB and indicators for treatment. The district will continue to coordinate with local law enforcement agencies to complete DOT with patients. Nursing staff will strive to provide TB program services without impeding other clinic services, while social work and nutrition consultation will continue to be available.

Sexually Transmitted Diseases: The district health education educator will meet requests for HIV/AIDS education, and a DIS will follow up HIV/AIDS. Social work intervention will continue for patients referred to hospice services and the home care program for persons with AIDS. The STD staff will ensure same day treatment and follow up through county nursing staff, nurse practitioners, and physicians.

Home Health: Home health services will be available to ill and disabled homebound patients who need intermittent skilled services and are under the care of a physician. Home health nurses will receive training as required to deliver quality high tech procedures in the home. Home health aides will assist patients with activities of daily living and will receive continuing education to ensure quality care to home health patients. Home health patients will receive information regarding advanced directives. Patients in need of social service intervention will have an evaluation by MSW; at which time additional visits will be ordered as needed. One registered dietician or RD-eligible nutritionist will provide consultation as needed in this program area. Quality improvement will be monitored on an ongoing basis to ensure the highest quality care and safety of the patient in the home.

Environmental Sanitation: Public health environmentalists will continue working to persuade local officials to link final wastewater system approval and food permits with building permits/privilege licenses. Training of environmentalists will continue in all programs to ensure that customers receive the best services possible. The district will continue community education on the various environmental services provided. Workshops will be scheduled with industry as a means to partner with and to provide district staff the latest technical knowledge available.

Evaluation:

Maternal Child Health and Family Planning: Outcome evaluation for MCH/FP activities will be conducted using vital statistics data together with the program data. A random sample of records will be audited to evaluate and to identify well and sick child care, information provided prenatally and at the postpartum visit regarding infant care, and the integration of services. Data provided through the family

planning data system and vital records will be used to evaluate total births by age, as well as to measure the percentage of target population served by county and district. Biannual appointment waiting time surveys will provide information to evaluate whether appointments are provided within the specified time frame. Record audits will be used to evaluate patient education objectives. The results of patient satisfaction questionnaires will help enhance the quality of care in all areas of public health programs. Increased utilization of nurse practitioners and physicians will be evaluated using workload analysis, encounter reports, appointment schedules, and client questionnaires. The contributions of the social work discipline to this major programmatic effort will be measured based on a review of the monthly social service reporting form, time studies, and monthly narratives.

Children's Medical Program: The fiscal year evaluations of CMP services will be conducted on an ongoing basis through multi-disciplinary discussion. Instruments to be used in the evaluation process will include programmatic materials. An effort will be made to continue expanding the resource network associated with this program.

Immunization: The computer-based recall system will serve as a tool for evaluation of the two-year old immunization status. The percentage of adult vaccines will be compared with the number of doses given the previous year.

Early Intervention Services: System development shall be evaluated by the reports of the district coordinator and the publishing of a districtwide FSEIP plan. Evaluation of comprehensive service coordination will be accomplished using the district's child data registry and a sample audit of plans for each service coordinator. Contract providers shall be monitored for program compliance and appropriate service delivery.

PHRM: To meet the objectives of providing prompt and adequate care to persons seeking PHRM services, clerical support remains a major problem for program service providers. Delineation of clerical support time is essential to the effective operation of any county/clinic initiative.

WIC & Breastfeeding: Outreach activities will be documented in each clinic and in the district office. A survey of WIC maternity clients enrolled in the third trimester will identify barriers to early prenatal care. Statistics which indicate the trimester of pregnant WIC patients will be monitored. Lesson plans will be developed for para-professional use, and clinic duties will be assessed to determine if some duties may be delegated to para-professionals. Staff will be inserviced on WIC food package tailoring options. Program audits, performance appraisal reviews, and documentation of the initiation and duration of breastfeeding using WIC records will be used to evaluate the effectiveness of the program. Outreach activities will be documented in the district office. The efforts of the breastfeeding coalition will be documented and evaluated through the use of mother surveys and other needs assessment tools.

Health Promotion and Education: Program-specific statistics will be reviewed and compared to previous years to identify health trends. The district supervising social worker will monitor program evaluations and evaluate activities of the health educator and speaker's bureau. Communities participating in the establishment of task force study and implementation of prioritized health education programs will receive pre- and post-evaluations of knowledge-based and behavior-based changes to assess effectiveness.

Chronic Disease: Clinic schedules will be evaluated in each county to assure that chronic disease patients are moved away from the general clinic setting. Registration reports will measure the number of individuals enrolled in the diabetic and hypertension programs.

TB/STD: The district TB nurse will review agency screenings at recommended facilities. Updates will be provided upon request for nursing staff, hospitals, VA hospitals, military bases, and the private medical community. Record audits will be completed biannually in each county to determine adequate provision of

TB program services. Routine field records will be used to evaluate the completion of epidemiology follow-up. The STD-MIS output data and work sheets indicate follow-up on all congenital syphilis cases.

Home Health: The intermediary and state home health program reports to include the home care for HIV/AIDS clients initiative will be reviewed to determine progress and compliance. Record audits will be performed monthly to ensure that the patient receives care as ordered and appropriate.

Environmental Sanitation: Surveys of existing wastewater disposal systems will be conducted to determine how well they are functioning. The district will implement a program for a two-year inspection of existing systems and make recommendations for repair of any malfunctioning systems. Environmentalists will continue to work with the wastewater program specialists to ensure consistency. Food service establishment evaluations will continue through record reviews and conducting joint inspections with supervisory staff and program specialists.

Support Needs:

Early Intervention Services: Two additional health program specialist positions are required to provide service coordination for eligible children and their families district-wide. Average caseload currently exceeds 50 per coordinator. A Health Program Specialist Senior position is needed to provide service coordination/contract provider monitoring and peer review.

Immunizations: The district will coordinate with the Bureau of Preventive Health Services and the Office of Health Communications/Public Relations staff to promote awareness of adult immunizations.

WIC & Breastfeeding: The lack of clerical support seriously impacts the delivery of WIC services. The addition of clerical contracts funded by the WIC program has been essential in continuing to provide WIC services. More social worker coverage is needed at the clinic level to help follow up on problems frequently identified by the local nutritionists and breastfeeding staff--social work services become an absolute necessity when attempting to complete the high risk pediatric nutrition surveillance requested monthly by CDC. An adequate supply of nutrition education material needs to be maintained in central supply and made readily available upon requests from local clinics. Because 40% (500+ per month) of the WIC clients served by peer counselors in District IX are breastfeeding, additional staff have been requested. To maintain accurate documentation of program objectives and implementation and to assure timely delivery of reports and statistical data needed by central office, the district needs a computer for the breastfeeding program coordinator. Referrals for social work follow-up have increased, making it imperative that vacant social worker positions be filled.

Health Education: District IX requests that a district-level position(s) be established and funded for a health program specialist to conduct, promote, establish, guide, assist, and monitor health education activities.

Tuberculosis: The TB Control Program has pledged to provide staff through CDC to assist with the TB crisis in Harrison County.

Home Health: Since hiring any full time state employee requires the approval of the PIN Review Committee, special consideration should be given to hiring home health nurses. The time frame for getting a position approved can be lengthy. Home Health has an obligation to see the patients who are dependent on the agency for their care and must have adequate staffing to provide safe, quality care. Home health must be available for its patients 24 hours a day, seven days a week. Additional inservice training is needed for nurses to acquire knowledge and improve proficiency in high-tech skills for home health patients.

Environmental Sanitation: Due to the many advances in the food service and wastewater disposal industries, continual "high tech" training in all programs is required to maintain the high level of professional

knowledge of environmentalists. Qualified environmentalists will be encouraged to acquire professional credentials and continuing education.

District Needs: To meet the increasing patient case loads, two Nurse I positions are needed in the Biloxi clinic and the Hancock County clinic. One additional social worker position is imperative to meet the increasing programmatic demands of identified patients in all program areas. This position occupant will provide HIV/AIDS intervention and chronic illness program support. An analysis of the time study of activities of social workers over the last five fiscal years substantiates this growth need. Environmental vacancies must be filled to meet program standards, provide services in a timely manner, and protect public health. Competitive salaries are necessary to keep trained environmentalists and will be the only way to minimize turnover. The district will require the expertise of Network Operations on a continuing basis for PC and LAN support. The district will require the support and expertise of the Division of Staff Development to coordinate training of all district employees as indicated in the needs assessment survey.

SUPPORT UNIT PLANS

Support unit plans are based on the activities described in the MSDH Strategic Plan and the nine public health district's Operational Plans.

COMPLIANCE

Function and Role of the Unit: The Compliance Unit is responsible for ensuring agency adherence to Federal and state laws related to reprimands, grievances, suspensions, demotions, terminations, sexual harassment, workplace safety, and other compliance issues. In addition, it monitors compliance with the Drug Free Workplace Act, the Americans with Disabilities Act, and the Civil Rights Act relative to discrimination (i.e., race, sex, age, national origin, creed, etc.). The Compliance Unit is also responsible for conducting disciplinary hearings and investigations, thus ensuring that all employees are treated fairly and are given the benefits of procedural due process.

FY 2000 Objectives:

- ! To continue conducting predisciplinary conferences/hearings.
- ! To continue safety programs related to Workman's Compensation and Mississippi Tort Claims.
- ! To continue reporting and responding to the Federal government's Equal Employment Opportunity Commission as requested.
- ! To continue investigations of discrimination charges.
- ! To continue working with employees who have a drug or alcohol problem and providing them with information relative to rehabilitative resources.
- ! To establish an employee assistance program.
- ! To continue training on the administration of the grievance procedures to all supervisors.
- ! To continue the development of the Compliance database.
- ! To provide sexual harassment training for all new supervisors.
- ! To continue the provisions of Safe Driver's Training to individuals required to drive in the performance of duty.

FY 2001 Objectives:

- ! To continue the employee safety program for all new supervisors.
- ! To continue conducting predisciplinary conferences/hearings.
- ! To continue safety programs related to Workman's Compensation and Mississippi Tort Claims.
- ! To continue reporting and responding to the Federal government's Equal Employment Opportunity commission as requested.
- ! To continue investigations of discrimination charges.
- ! To continue working with employees who have a drug or alcohol problem and providing them with information relative to rehabilitative resources.
- ! To continue the development of an employee assistance program.
- ! To continue training on the administration of grievance procedures.
- ! To continue development of the compliance case database.
- ! To continue training on sexual harassment for new supervisors.
- ! To continue Safe Driver's Training.

FY 2002 Objectives:

- ! To continue conducting predisciplinary conferences/hearings.
- ! To continue safety programs related to Workman's Compensation and Mississippi Tort Claims.
- ! To continue reporting and responding to the Federal government's Equal Employment Opportunity commission as requested.
- ! To continue investigations of discrimination charges.
- ! To continue working with employees who have a drug or alcohol problem and providing them with information relative to rehabilitative resources.
- ! To continue the development of an employee assistance program.
- ! To continue training on the administration of grievance procedures for all supervisors.
- ! To continue development of the compliance case database.

- ! To continue training on sexual harassment for new supervisors.
- ! To continue Safe Driver's Training to individuals required to drive in the performance of duty.

FY 2003 Objectives:

- ! To continue conducting predisciplinary conferences/hearings.
- ! To continue safety programs related to Workman's Compensation and Mississippi Tort Claims.
- ! To continue reporting and responding to the Federal government's Equal Employment Opportunity commission as requested.
- ! To continue investigations of discrimination charges.
- ! To continue working with employees who have a drug or alcohol problem and providing them with information relative to rehabilitative resources.
- ! To continue the development of an employee assistance program.
- ! To continue training on the administration of grievance procedures for all supervisors.
- ! To continue training on sexual harassment for new supervisors.
- ! To continue Safe Driver's Training to individuals required to drive in the performance of duty.

FY 2004 Objectives:

- ! To continue conducting predisciplinary conferences/hearings.
- ! To continue safety programs related to Workman's Compensation and Mississippi Tort Claims.
- ! To continue reporting and responding to the Federal government's Equal Employment Opportunity commission as requested.
- ! To continue investigations of discrimination charges.
- ! To continue working with employees who have a drug or alcohol problem and providing them with information relative to rehabilitative resources.
- ! To continue the development of an employee assistance program.
- ! To continue training on the administration of grievance procedures for all supervisors.
- ! To continue training on sexual harassment for new supervisors.
- ! To continue Safe Driver's Training to individuals required to drive in the performance of duty.

Support Needs: Accomplishment of these objectives requires the support and cooperation of outside entities such as the Tort Claims Board and Workman's Compensation, as well as agency administration related to financial budgeting and expenditures. Additional staffing is also required to support efforts at program operation and continued growth.

FINANCE AND ACCOUNTS

Function and Role of the Unit: The Bureau of Finance and Accounts is responsible for disbursing all funds made available to the agency by appropriations from state, Federal, and local resources and from various fees collected for services rendered. This responsibility covers areas of accounting and fiscal control, budgeting, purchasing, property inventory and control, and billing and collection for agency services. These functions include the following activities:

- ! Place orders for, receive, and verify goods and services.
- ! Pre-audit bills, draw and receipt funds, and monitor grants and contracts.
- ! Prepare, maintain, and reconcile the agency's accounting, payroll, and inventory records.
- ! Project revenues and expenses.
- ! Identify and prepare claims for billable services.

FY 2000 Objectives:

- ! To provide support and training to service units as required.
- ! To pursue billing of private insurance through PIMS for patient services.
- ! To convert the current manual equipment inventory cards to a PC-based system.
- ! To automate the entry of employee leave and time study data so that reports will be available on a more timely schedule.

FY 2001 Objectives:

- ! To review and update accounting procedures, policies, and manuals.
- ! To provide support and training to service units as required.
- ! To advertise and contract with an accounting firm for design of an agency-wide cost accounting and cost allocation system.
- ! To convert the agency contract payroll and travel reimbursement to SPAHRS.

FY 2002 Objectives:

- ! To review and update accounting procedures, policies, and manuals.
- ! To provide support and training to service units as required.

FY 2003 Objectives:

- ! To review and update accounting procedures, policies, and manuals.
- ! To provide support and training to service units as required.

FY 2004 Objectives:

- ! To review and update accounting procedures, policies, and manuals.
- ! To provide support and training to service units as required.

Support Needs: The bureau will need assistance from Data Processing for programming support to convert to SPAHRS and to the barcode inventory system and will require a contract with an outside accounting firm to design and implement a cost accounting system.

FIELD SERVICES

Function and Role of the Unit: The Bureau of Field Services serves as a focal point for coordination between the agency's districts/counties and central offices/divisions. The unit provides technical assistance to field and central office program staff in the areas of program development and implementation, policy and procedure development, staffing levels, minimum program standards, data access and interpretation, district program reviews, and quality assurance. The Patient Information Management System (PIMS) is an integrated clinic-based information system designed to support clinic activities throughout the state. The PIMS Division is responsible for providing customer support to users; system support for the application software, network, and hardware; providing ongoing system development for additional program modules; and expanded system functionality. The PIMS system and staff provide the agency with the information needed for patient, resource, and program management. The social work, nutritional, and nursing components of the Field Services unit provide a multi-disciplinary approach to planning, program and policy development, setting priorities, and issues related to functional and programmatic areas in the districts and central offices.

Field Services Activities:

Coordination between the districts and central offices:

- ! Scheduling and coordination of meetings involving both field and central office staff.
- ! Assisting in negotiating compromise between districts and/or central offices, bureaus, and districts.
- ! Providing consultation to program staff on development and implementation of policies and services.
- ! Providing administrative and operational guidance and assistance when requested.
- ! Providing guidance and coordination on reviewing/distributing agency policy and procedure manuals.
- ! Providing ongoing management of and technical assistance with PIMS.

Evaluation of Field Operations Management and Quality Assurance in conjunction with program and support offices, policy and planning, internal audit, and the districts:

- ! Evaluating potential problem areas and recommending solutions.
- ! Analyzing patient care practices, clinic operations, waiting times, and patient flow analysis.
- ! Assisting in the evaluation of organizational structure and administrative operations of districts and health departments including personnel assignments, workloads, etc.
- ! Developing minimum program standards, in coordination with central office and district personnel.

Coordination and assistance to offices and the field in records and data management:

- ! Analyze and present data from PIMS for use in management.
- ! Assistance to the districts/counties in maintaining records manual and destruction schedules.
- ! Microfilming and storage of clinical records.
- ! Coordination with the offices in developing automated systems which coordinate with the PIMS system so that duplicate systems are not developed.
- ! Providing field staff with pertinent, timely information that impacts operations, i.e. policy development and implementation; county-specific fact sheets; clerical and nursing workload analysis information; program target populations; local funding appropriations and millage equivalency information.

Conducting special assignments/projects and investigations at the request of the State Health Officer, Chief of Staff of the Office of the State Health Officer, District Health Officers, or District Administrators:

- ! Investigating allegations against field personnel with assistance from the Internal Auditor and Compliance Unit.
- ! Investigating complaints about health department services by clients and public officials.

FY 2000 Objectives:

- ! To provide customer support for PIMS users.

- ! To provide technical and systems support for the PIMS.
- ! To continue the archiving of PIMS data.
- ! To implement SAR (Signature Advanced Reporting) as a method of reporting on archived data.
- ! To provide interfaces to other systems/agencies (Immunization, Vital Records, MDHS, UMC).
- ! To continue to improve reporting capabilities from PIMS data.
- ! To continue detailed analysis and addition of new program-specific data and reporting requirements to the core system.
- ! To continue to improve and maintain the quality of the PIMS data.
- ! To continue direct involvement in the PIMS, including development of program modules.
- ! To continue field visits to work with counties and districts on specific problem areas.
- ! To assist the Office of Public Health Nursing with nursing related activities such as implementation of a revised workload model, evaluation of quality assurance process, and analysis of transitional role of public health nursing.
- ! To respond to specific requests from program and district staff to assist in the development and implementation of new goals and objectives, programs, and services, including minimum standards.
- ! To provide a quality improvement interdisciplinary evaluation of service delivery.
- ! To assist the districts in the management and budget process of the county health departments by providing reports such as annual county fact sheets, annual county appropriation analyses, and quarterly county workload and staffing reports.
- ! To consult and collaborate with outside organizations and professionals concerning the care of populations and the promotion of health.
- ! To assist districts in setting program priorities and staff management.
- ! To conduct quality improvement county program reviews and make appropriate recommendations to ensure improved service delivery.
- ! To revise service delivery tool to contain all program minimum standards.
- ! To provide on-going consultation to district and central office program staff regarding discipline-specific practice standards.
- ! To assist district staff in understanding funding sources and constraints.

FY 2001 Objectives:

- ! To continue to provide customer support for PIMS users.
- ! To continue to provide technical and systems support for the PIMS system.
- ! To continue detailed analysis and additions of new program-specific data and reporting requirements to the core system.
- ! To continue to improve and maintain the quality of the PIMS data.
- ! To continue direct involvement in the PIMS, including development of program modules.
- ! To continue field visits to work with counties and districts on specific problem areas.
- ! To assist the Office of Public Health Nursing with nursing related activities such as continuation of quality assurance model and PHN objectives related to health care reform and nursing practice.
- ! To respond to specific requests from program and district staff to assist in the development and implementation of new goals and objectives, programs, and services, including minimum standards.
- ! To assist the districts in the management and budget process of the county health departments by providing reports such as annual county fact sheets, annual county appropriation analyses, and quarterly county workload and staffing reports.
- ! To consult and collaborate with outside organizations and professionals concerning the care of populations and the promotion of health.
- ! To assist districts in setting program priorities and staff management.
- ! To conduct quality improvement county program reviews and make appropriate recommendations to ensure improved service delivery.
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- ! To continue to improve and maintain the quality of the PIMS data.
- ! To continue direct involvement in the PIMS, including development of program modules.
- ! To continue field visits to work with counties and districts on specific problem areas.
- ! To assist the Office of Public Health Nursing with nursing related activities such as continuation of quality assurance model and PHN objectives related to health care reform and nursing practice.
- ! To respond to specific requests from program and district staff to assist in the development and implementation of new goals and objectives, programs, and service, including minimum standards.
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- ! To consult and collaborate with outside organizations and professionals concerning the care of populations and the promotion of health.
- ! To assist districts in setting program priorities and staff management.
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- ! To revise service delivery tool to contain all program minimum standards.
- ! To provide on-going consultation to district and central office program staff regarding discipline-specific practice standards.
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- ! To continue to improve and maintain the quality of the PIMS data.
- ! To continue direct involvement in the PIMS, including development of program modules.
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- ! To assist the Office of Public Health Nursing with nursing related activities such as continuation of quality assurance model and PHN objectives related to health care reform and nursing practice.
- ! To respond to specific requests from program and district staff to assist in the development and implementation of new goals and objectives, programs, and services, including minimum standards.
- ! To assist the districts in the management and budget process of the county health departments by providing reports such as annual county fact sheets, annual county appropriation analyses, and quarterly county workload and staffing reports.
- ! To consult and collaborate with outside organizations and professionals concerning the care of populations and the promotion of health.
- ! To assist districts in setting program priorities and staff management.
- ! To conduct quality improvement county program reviews and make appropriate recommendations to ensure improved service delivery.
- ! To revise service delivery tool to contain all program minimum standards.
- ! To provide on-going consultation to district and central office program staff regarding discipline-specific practice standards.
- ! To assist district staff in understanding funding sources and constraints.

FY 2004 Objectives:

- ! To continue to provide customer support for PIMS users.
- ! To continue to provide technical and systems support for the PIMS system.
- ! To continue detailed analysis and additions of new program-specific data and reporting requirements to the core system.
- ! To continue to improve and maintain the quality of the PIMS data.
- ! To continue direct involvement in the PIMS, including development of program modules.
- ! To continue field visits to work with counties and districts on specific problem areas.
- ! To assist the Office of Public Health Nursing with nursing related activities such as continuation of quality assurance model and PHN objectives related to health care reform and nursing practice.
- ! To respond to specific requests from program and district staff to assist in the development and implementation of new goals and objectives, programs, and services, including minimum standards.
- ! To assist the districts in the management and budget process of the county health departments by providing reports such as annual county fact sheets, annual county appropriation analyses, and quarterly county workload and staffing reports.
- ! To consult and collaborate with outside organizations and professionals concerning the care of populations and the promotion of health.
- ! To assist districts in setting program priorities and staff management.
- ! To conduct quality improvement county program reviews and make appropriate recommendations to ensure improved service delivery.
- ! To revise service delivery tool to contain all program minimum standards.
- ! To provide on-going consultation to district and central office program staff regarding discipline-specific practice standards.
- ! To assist district staff in understanding funding sources and constraints.

Support Needs: Field Services will need to work closely with the Office of Administrative and Technical Services' Bureaus of Finance and Accounts and Personnel in the preparation of management information and with System Coordination in the ongoing support of the PIMS network. Field Services will work closely with the Offices of Personal Health Services, Community Health Services, and Health Regulation in the continuation of the district program reviews. Staff Development coordination will be vital to meeting field staff development/training needs and special training projects.

HEALTH COMMUNICATIONS AND PUBLIC RELATIONS

Function And Role Of The Unit: The Communications and Public Relations section (C&PR) of the Office of the State Health Officer aims for a unified voice to the public through an agency wide professional, integrated, scientific approach to communications and public relations. Gaining public awareness and support for public health demands a deliberate, planned, and sustained effort to establish and maintain broad-band communications within the agency and with people and organizations beyond. Every employee represents the Department in all contacts with the public, but C&PR is responsible for communications management and process: research, planning, implementation, and evaluation. C&PR is the focal point, or clearinghouse, for MSDH staff at the central office and local levels and the mass media on correctness and consistency of information and policy statements representing the Department's overall posture and attitude. This plan employs the following distinctions:

- *Strategic communications management recognizes the causal relationship between communication activities – the crafting and delivery of messages and execution of tasks to promote and protect the health of individuals and communities – and the achievement of the Department's mission.* Strategic public health communications support successful completion of the agency's mission and goals. The work considers the epidemiologic, clinical, psychosocial, political, and economic characteristics of a health issue; draws from multiple theories and disciplines; involves systematic research, planning, implementation, evaluations, and feedback; influences awareness, knowledge, attitudes, beliefs, and behaviors; uses multiple approaches to motivate and involve individuals and communities; and is an integral part of any comprehensive program to promote health, improve quality of life, and foster healthful environments.
- *Public relations is the management function which evaluates public attitudes, identifies the policies and procedures of an individual or organization with the public interest, and plans and executes a program of action to earn public understanding and acceptance.*

Communications & Public Relations functional responsibilities cover six important areas — employee communications, marketing and social marketing, mass media relations, graphic arts management, administration of the Public Records Act, and community relations.

FY 2000 Objectives:

- ! C&PR will conduct communications audits and opinion surveys to identify employee communication needs, in relation to content and channels, and facilitate multi-directional exchange of information. C&PR will attempt to meet those needs through production and distribution of employee newsletter and similar vehicles, help coordinate special events, and work to ensure the open flow of ideas and information to satisfy the needs.
- ! C&PR will work with other central office and district units, particularly with the district-based public affairs liaisons or PALs, to analyze and solve communications problems, improve relationships and teamwork, stimulate learning, identify trends, and eliminate internal barriers to achieving the public health mission. C&PR will pass employees' questions and concerns to appropriate managers and press for timely and responsive answers. C&PR fosters the belief that all managers are obligated to be forthright and timely in discussing objectives, results, problems, difficulties, and opportunities.
- ! As identified to develop corporate marketing efforts and as requested by other programmatic units, C&PR will conduct communications audits and develop action plans, products, and measures for the agency as a whole and with specific program areas. C&PR works with Offices and their programs and with districts to align communications planning and execution with operational plans and outcome objectives. The communication plans identify internal and external issues and audiences; realistic, measurable objectives; message concepts; objectives connected to specific tactics; and evaluation. Special emphasis during FY 2000 will be aimed at re-developing *Health Info* as a fully resourced and integral component of the agency's consumer outreach efforts.
- ! C&PR will manage the development and placement of all advertising, except employee recruitment and program-specific legal advertising. From concept through evaluation, this covers display advertising in

all print media, including both the commercial press and professional publications; radio and television advertising; and advertising through such vehicles as billboards, other outdoor channels, specialty marketing products, kiosks, and trade shows. C&PR can assist in developing and placing recruitment and legal advertisements. During FY 2000, staff will identify inclusive advertising outlets and develop a recommended model approach and budget for the future.

- ! C&PR will continue to manage a grant agreement with the Mississippi Association of Broadcasters to assure air time for radio and television public service spots.
- ! C&PR will continue to share coordination responsibilities for teleconferencing for education, training, and news/information arenas with Information Systems and Staff Development. Special emphasis will be placed this year on enhancing the aesthetic appeal of the Department's web site and building capacity with C&PR and other central office program areas for improving communications and information delivery via the Internet.
- ! C&PR will continue to develop and manage agency contracts for communications/public awareness services and materials; the process for securing bids and the level of review depends on funding source requirements, services and/or deliverables sought, and cost. C&PR prepares the request for proposals (RFP) and manages the proposals review, contract negotiations and approvals, and project coordination. The RFP for such work must include the funding source, budget, and time frame; purpose; deliverables; submission deadline; and bid award process. The C&PR director, in conjunction with the director of the Office of Administrative & Technical Support, may agree to waive formalities within established state contracts procedures. C&PR is the contact and final approval authority for contractors engaged to provide communications/public awareness services and materials. Major contracts for FY 2000 represent First Steps-Early Intervention and Program and the Statewide Trauma System.
- ! C&PR will continue to serve as the news bureau/official channel for release of information about agency activities and policy to the local and global press — this includes issuing press releases, responding to media queries, conducting press conferences, and handling telecast and print clipping services. C&PR staff will continue to communicate with the mass media to set the agenda, shape the debate, and advance public health policy and issues; to coordinate mass media relations and to counsel and train staff for media presentations or interviews; and strive to release information to MSDH executives, managers, supervisors, and employees before releasing to the mass media. Specific objectives include an analysis of FY 1999 mass media activities, development of a cyclical calendar for the future, development of a systematic process for assuring appropriate placement of each news release, and renewed periodic training events.
- ! The C&PR director will guide policy review, revisions as needed, and implementation to assure quality management for all informational and educational materials – whether purchased, donated, printed, or developed by agency employees, contractors, or grantees – from concept through distribution and evaluation. Materials covered include pamphlets and brochures; newsletters and other periodicals; special reports; posters; bumper stickers and other specialty marketing items; articles for external publications; media kits, including topic back grounders, program overviews, histories; survey instruments and the narrative of statistical reports; scripts and story boards for public service announcements; scripts for audiotapes, videos, films, and slide shows, and the final products; graphic designs, particularly programmatic logos; and annual reports. To achieve this, the director may establish committees to assist in the review or production of technical or professional publications and may issue guidelines or waive formalities to implement the process. During FY 2000, C&PR will update materials to reflect the Department's new central office campus environment and street address, advance the development of a visual identity guide, and update materials as appropriate based on the previously-mentioned communications audits.
- ! C&PR will continue to coordinate administration of the Freedom of Information and Public Records Acts.
- ! The responsibility for community relations management requires that C&PR identify all stakeholder groups; record and analyze the structures, leaders, and issues of each; help develop communications strategies to build or enhance relationships; and monitor the actions and reactions to predict and manage the issues that affect public health. To enhance achievement of public health objectives, the

responsibility involves helping employees develop the structure for new partnerships or identify ways to improve those already in existence.

FY 2001 Objectives:

- ! C&PR will continue to strengthen and execute a comprehensive employee communications program aimed at communicating MSDH values and mission, enhancing work processes and work flows, supporting productivity gains, facilitating teamwork management concepts, and helping employees and the department cope with change.
- ! C&PR will seek to assist employees in the service delivery, program, field, and other support units from the planning stages with their individual public awareness and/or marketing communications operations, particularly when that work involves public policy and/or grant applications and projects with a public information component; C&PR manages the communications/public information component.
- ! As the authorized channel for release of official information about MSDH, its programs, service delivery, and policies to the local, state, and national commercial press, including print and electronic mass media, C&PR will continue to manage mass media relations. C&PR staff will work to assure that all mass media activities, from planning through evaluation, include C&PR staff from the concept stage. C&PR will annually update the mass media analysis report.
- ! C&PR will continue oversight management of all information, promotion/marketing, and education materials, including those developed within the agency and those purchased or otherwise procured from external sources, which are to be distributed as official MSDH documents or materials. This covers traditional printed and audiovisual materials and those developed for electronic publishing. This covers all documents, electronic materials, and graphic designs intended for general distribution to the public, survey tools, and the narrative of statistical reports intended for widespread distribution to health professionals, other government agencies, or the public. C&PR will continue to consider all requests for use of the MSDH logo and seal and the seal of the State Board of Health and to assist with the publication of new information about or reports on essential programmatic or political issues.
- ! C&PR manages all public records requests.
- ! C&PR will continue agency wide coordination of community relations or stakeholder efforts.

FY 2002 Objectives:

- ! C&PR will continue to strengthen and execute a comprehensive employee communications program aimed at communicating MSDH values and mission, enhancing work processes and work flows, supporting productivity gains, facilitating teamwork management concepts, and helping employees and the department cope with change.
- ! C&PR will continue to guide the communications/public information component of public awareness and/or marketing communications operations, particularly when that work involves public policy and/or grant applications and projects with a public information component.
- ! C&PR will continue to manage mass media relations.
- ! C&PR will continue oversight management of all information, promotion/marketing, and education materials.
- ! C&PR manages all public records requests.
- ! C&PR will continue agency wide coordination of community relations or stakeholder efforts.

FY 2003 Objectives:

- ! C&PR will continue to strengthen and execute a comprehensive employee communications program aimed at communicating MSDH values and mission, enhancing work processes and work flows, supporting productivity gains, facilitating teamwork management concepts, and helping employees and the department cope with change.
- ! C&PR will continue to guide the communications/public information component of public awareness and/or marketing communications operations, particularly when that work involves public policy and/or grant applications and projects with a public information component.
- ! C&PR will continue to manage mass media relations.

- ! C&PR will continue oversight management of all information, promotion/marketing, and education materials.
- ! C&PR manages all public records requests.
- ! C&PR will continue agency wide coordination of community relations or stakeholder efforts.

FY 2004 Objectives:

- ! Develop and analyze record of achievement based on the foregoing objectives. Based on that five-year look back, strengthen or change the objectives to enhance probability of reaching the overarching goal of C&PR: a unified voice to the public through an agency wide professional, integrated, scientific approach to communications and public relations.
- ! Continue to employ emerging technology to extend the resources and reach of C&PR toward fulfilling its mission.

Support Needs:

Accomplishment of these objectives requires the cooperation and support of every unit — central office and field — agency wide.

INFORMATION SYSTEMS CONSULTING GROUP

Function and Role of the Unit: The Information Systems Consulting Group (ISCG) performs the following services and functions in support of agency information needs:

Data Management and Security

- ! Develop and maintain security policy.
- ! Recommend the addition and deletion of group user managers (internal control).
- ! Develop and maintain disaster recovery plan.
- ! Develop agency standards for data definitions, coding, and structure.
- ! Develop and maintain agency standards for quality assurance.
- ! Maintain catalog of agency information systems.
- ! Maintain agency reports dictionary and data dictionary.
- ! Maintain agency entity-relationship model.
- ! Ensure data compatibility in new and existing systems.
- ! Recommend appropriate use for available data.
- ! Coordinate interfaces with other agencies' data administrative functions.
- ! Provide staff support to steering committee on data management and security issues.

Policy and Planning

- ! Establish policy, direction, and standards for agency information systems.
- ! Develop agency long range information systems plan and agency technology plan.
- ! Develop and maintain information processing policies and standards.
- ! Review new projects for appropriateness.
- ! Implement decisions of the Data/Steering Committee.
- ! Provide staff support to the Steering Committee on information systems policies and planning.

Technology Transfer

- ! Investigate new technologies (Internet, video, satellite, decision support systems, etc.)
- ! Recommend and demonstrate new technologies.
- ! Pilot promising new technologies and plan/monitor integration of new technology into agency.
- ! Develop standards for new technology use in agency.
- ! Establish and coordinate Technical Advisory Committee.

Agency Coordination

- ! Consult across districts, offices, bureaus, and programs regarding information systems projects.
- ! Monitor and plan for information systems staffing and training.
- ! Function as official agency liaison with information systems professional groups and organizations.
- ! Provide format for orientation of agency information systems professionals.

FY 2000 Objectives:

- ! To continue participation in the MisHIN project with UMC.
- ! To foster the development of live and computer-based training for agency staff.
- ! To monitor disaster recovery plan activities for agency data systems.
- ! To coordinate technical staff training with the Staff Development office.
- ! To provide PC support to units within the Office of the State Health Officer.
- ! To foster integration and interfacing of agency data systems.

FY 2001 Objectives:

- ! To continue participation in the MisHIN project with UMC.
- ! To foster the development of live and computer-based training for agency staff.

- ! To monitor disaster recovery plan activities for agency data systems.
- ! To coordinate technical staff training with the Staff Development office.
- ! To provide PC support to units within the Office of the State Health Officer.
- ! To foster integration and and interfacing of agency data systems.

FY 2002 Objectives:

- ! To continue participation in the MisHIN project with UMC.
- ! To foster the development of live and computer-based training for agency staff.
- ! To monitor disaster recovery plan activities for agency data systems.
- ! To coordinate technical staff training with the Staff Development office.
- ! To provide PC support to units within the Office of the State Health Officer.
- ! To foster integration and and interfacing of agency data systems.

FY 2003 Objectives:

- ! To continue participation in the MisHIN project with UMC.
- ! To foster the development of live and computer-based training for agency staff.
- ! To monitor disaster recovery plan activities for agency data systems.
- ! To coordinate technical staff training with the Staff Development office.
- ! To provide PC support to units within the Office of the State Health Officer.
- ! To foster integration and and interfacing of agency data systems.

FY 2004 Objectives:

- ! To continue participation in the MisHIN project with UMC.
- ! To foster the development of live and computer-based training for agency staff.
- ! To monitor disaster recovery plan activities for agency data systems.
- ! To coordinate technical staff training with the Staff Development office.
- ! To provide PC support to units within the Office of the State Health Officer.
- ! To foster integration and and interfacing of agency data systems.

INTERNAL AUDIT

Function and Role of the Unit: Internal Audit monitors compliance with state laws and regulations, agency policy, and sound business practice. This unit provides a systematic approach to the examination, analysis, and review of the agency's fiscal operations for compliance with state and Federal laws and regulations, agency policy, and sound business practice. Periodic audit functions are conducted for Home Health regions, WIC distribution centers, District Health Offices, and County Health Department clinics, as well as information systems audits for the entire agency. The unit provides design and oversight functions for special fiscal integrity audits for the agency director's information and coordinates MSDH audit activities with those of the State Auditor's Office and other investigative agencies as appropriate. Written audit reports to the State Health Officer are prepared, detailing items of noncompliance found. Internal Audit maintains a file of audit reports and responses.

FY 2000 Objectives:

- ! To continue current audit activities to help ensure fiscal integrity of the agency.
- ! To aid in the statewide implementation of new district bookkeeping software.
- ! To develop and implement a comprehensive annual audit plan detailing the planned activities for the unit.

FY 2001 Objectives:

- ! To continue audit activities to help ensure fiscal integrity of the agency.
- ! To develop and implement a comprehensive annual audit plan detailing the planned activities for the unit.
- ! To develop and implement audit procedures for the periodic review of various central office functions including purchasing, accounts payable, payroll, and property management.

FY 2002 Objectives:

- ! To continue audit activities to help ensure fiscal integrity of the agency.
- ! To develop and implement a comprehensive annual audit plan detailing the planned activities for the unit.

FY 2003 Objectives:

- ! To continue audit activities to help ensure fiscal integrity of the agency.
- ! To develop and implement a comprehensive annual audit plan detailing the planned activities for the unit.

FY 2004 Objectives:

- ! To continue audit activities to help ensure fiscal integrity of the agency.
- ! To develop and implement a comprehensive annual audit plan detailing the planned activities for the unit.

Support Needs: Internal Audit needs the continued support and cooperation of agency management and the cooperation of agency staff in the conduct of audits.

LABORATORY

Function and Role of the Unit: The Public Health Laboratory provides specimen analysis and technical support for various agency programs and local health department clinics, as well as reference services pertinent to public health for private physicians, clinics, hospitals, other laboratories, water systems, milk producers, and the general public. The clinical laboratory offers a wide variety of testing in areas of TB, sexually transmitted diseases, mycology, special bacteriology, immunology, clinical chemistry, and hematology. The clinical laboratory is CLIA-inspected and licensed and participates successfully in two nationwide proficiency testing programs. The environmental laboratory analyzes drinking water, milk, food, and various environmental samples as required. The environmental sections are inspected and certified by the EPA and the FDA and participate successfully in proficiency testing for drinking water, milk, and food. The laboratory currently operates with 59 employees and processed more than 600,000 specimens in the past year.

FY 2000 Objectives:

- ! To maintain the current level of required support.
- ! To investigate new tests and analyses in support of the agency's requirements for communicable disease investigations.
- ! To maximize efficient use of laboratory services by revising the testing menu to include those analyses essential and appropriate for a public health setting.

FY 2001 Objectives:

- ! To maintain laboratory support as required by program demands.
- ! To offer new testing services as indicated.
- ! To investigate laboratory computer information systems and to choose and install a system compatible with needs and available funding.

FY 2002 Objectives:

- ! To continue laboratory support for the various programs.
- ! To provide new testing methodologies as indicated.

FY 2003 Objectives:

- ! To continue laboratory support for the various programs.
- ! To provide new testing methodologies as indicated.

FY 2004 Objectives:

- ! To continue laboratory support for the various programs.
- ! To provide new testing methodologies as indicated.

Support Needs:

The laboratory will continue efforts to identify potential funding sources from within and outside the agency for continued laboratory operation. Additionally, feedback from programs and local clinics is needed to better meet program requirements, to ensure accurate test results, and to plan for provision of services.

MINORITY AFFAIRS

Function and Role of the Unit: The Minority Affairs Unit (MA) serves to promote opportunities for career development and enhancement for all employees (especially minorities as defined by the federal guidelines) related to initial employment, promotion opportunities, compensation, working conditions, and performance standards; to ensure quality of participation in programs by individuals without regard to race, color, religion, age, handicap condition, national origin, sex, or any other non-merit factor; and to develop, coordinate, and facilitate cultural competency workshops and training within the MSDH. The federal definition of minority is: any individual or group of persons distinguished by race or ethnic origin, who share common ancestry, physical characteristics, cultural background, and experience; and who, because of institutional barriers, are denied equal access to employment opportunities for advancement. MA assists all MSDH employees with the formulation and interpretation of policies, statutes, and regulations. Counseling and guidance is also available to employees on career development upon request. Other responsibilities include:

- ! Serve as a liaison for the agency.
- ! Recruitment (Community Relations). MA conducts programs to recruit qualified individuals for public health careers, with an emphasis on minorities. MA also identifies potential candidates within the MSDH for advancement, and others outside MSDH who may be interested in placement in an internship program, as appropriate.
- ! Employment and Promotion Reviews. MA is responsible for reviewing personnel practices and procedures followed in recruitment, interviews, and the selection of candidates for employment or promotion, to assure adherence with MSDH policies and state and federal statutes and regulations.
- ! Investigations. MA performs investigations to determine the validity of employee charges (i.e., complaints, disciplinary actions) related to unequal treatment, promotional opportunities, performance standards, working conditions, compensation, and other employment-related activities when written complaints are submitted prior to becoming a grievance. MA conducts on-site interviews and document reviews, with recommendations and coordination with Compliance and the State Health Officer.
- ! Exit Interviews, a survey tool designed to track trends reflecting reasons employees voluntarily leave MSDH employment. The exit interview form is provided to the employee upon receipt of a letter of resignation or voluntary separation from the MSDH. This form allows the employee to express emotions and concerns on various issues. Additionally, exit interviews provide feedback on recruitment efforts, promotional efforts, and insight into the reasonable needs of employees consistent with developing the agency's most valuable resource, its employees. The information collected is used to improve MSDH operations, maintain efficiency, identify employee needs and concerns, and retain valued employees. The completion of the forms and data analysis ensures that policies and procedures are adhered to and provides supervisors with information regarding areas of personnel management which need addressing.

FY 2000 Objectives:

- ! Continue to provide counseling and guidance to employees on career development and other employment concerns; disseminate job specifications and requirements on professional and technical positions to employees and others in an attempt to recruit and retain qualified individuals.
- ! Assist employees with issues related to employment, promotions, compensation, working conditions and performance standards.
- ! Continue to compile, review, and report on data from exit interviews that identify problems and reflect trends and issues of the agency.
- ! Conduct periodic reviews and/or audits to verify and address statements and concerns identified through exit interview information and comments.
- ! Assess needs of districts, counties, and central office staff to help formulate and interpret policy and laws, coordinate training, and conduct Cultural Diversity and Sensitivity workshops.

- ! Continue to coordinate the intern program for individuals interested in public health careers through health fairs, workshops, etc.
- ! Assist the agency in developing strategies toward improving minority representation in supervisory and administrative positions.

FY 2001 Objectives:

- ! Coordinate local and national media efforts and public relations to recruit potential minority applicants in public health.
- ! Continue to assess the needs of county health departments and district offices and provide assistance with the interpretation of policy and laws.
- ! Continue to provide counseling to employees and assist with career development for employees.
- ! Continue to assist the agency in developing strategies toward improving minority representation in supervisory and administrative positions.
- ! Continue to coordinate the intern program to promote careers for individuals interested in public health through an established rapport with colleges and universities.
- ! Coordinate training workshops for the districts and central office on cultural diversity sensitivity, team building, and conflict resolution.

FY 2002 Objectives:

- ! Continue to coordinate the intern program to promote careers for individuals interested in public health careers through an established rapport with colleges and universities.
- ! Coordinate training workshops for the districts and central office on cultural diversity sensitivity, team building, and conflict resolution.
- ! Continue to assist the agency in developing strategies toward improving minority representation in supervisory and administrative positions.
- ! Establish an internal training program with Staff Development to ensure more promotions from within the agency and to provide knowledge on good leadership and management tools.
- ! Continue to assist the agency in enhancing policies and practices related to interviewing, hiring, promotions, and disciplining employees.

FY 2003 Objectives:

- ! Continue to coordinate the intern program to promote careers for individuals interested in public health careers through an established rapport with colleges and universities.
- ! Coordinate training workshops for the districts and central office on cultural diversity sensitivity, team building, and conflict resolution..
- ! Continue to assist the agency with recruitment and retention of qualified employees.
- ! Conduct periodic reviews and/or audits to verify and address statements and concerns identified through exit interview information and comments.
- ! Continue to compile, review, and report on data from exit interviews that identify problems and reflect trends and issues of the agency.

FY 2004 Objectives:

- ! Continue to coordinate the intern program to promote careers for individuals interested in public health careers from high schools, colleges, and universities. Disseminate job specifications and requirements on professional and technical positions for recruitment of administrative positions.
- ! Continue to assist the agency in developing strategies toward improving minority representation in supervisory and administrative positions, and provide assistance to agency staff with the formulation and interpretation of policy and laws.
- ! Conduct periodic reviews and/or audits to verify and address statements and concerns identified through exit interview information and comments.
- ! Continue to assess related needs of districts, counties, and central office staff to coordinate training and conduct cultural diversity and sensitivity workshops.

! Continue to provide counseling to employees and assist with career development within the agency.

Support Needs: To meet objectives, the office will actively solicit the assistance and support of every unit of the agency, as well as input from and interaction with the State Personnel Board.

NUTRITION

Problem: Dietary factors are associated with five of the ten leading causes of death in the United States and in Mississippi: coronary heart disease, some types of cancer, stroke, non-insulin dependent diabetes mellitus, and atherosclerosis. In general, excesses and imbalances of some food components in the diet have replaced once-prevalent nutrient deficiencies as the principal concern. While nutrition interventions are needed for the entire population, and especially for members of minority groups, nutrition programs in Mississippi are largely focused on the maternal and child health population. This is due to both the significant cost-benefit ratio of nutrition improvements among this group and to the availability of Federal funds to support nutrition programs for mothers and children. Nutrition interventions for the non-MCH population will remain limited until funding is channeled to support staff and programs. Recognizing nutrition's role in most programs for the prevention and treatment of disease, there are objectives in many other sections related to nutrition. This section contains only those objectives of an overriding nature which are not otherwise addressed.

Existing Services: The agency provides nutrition assessment, counseling, and referral through a statewide system of professional state and district level nutritionists who direct county-based nutrition staff. As of May 1999, there were four FTE nutrition positions at the state level, six FTE positions assigned to regional areas, nine FTE positions at the district level, 90 FTE nutrition positions in county health departments, and 19 nutritionists in independent health agencies supported by WIC funds. Nutritionists function as members of the interdisciplinary health team providing services in local health departments and the community. Additionally, there are three health facility surveyor positions designated for registered dietitians (RDs) and three RDs on contract with Institutional Sanitation.

FY 2000 Objectives:

- ! To progress toward availability of preventative medicine nutritional services in each district.
- ! To accomplish the reduction in waiting times for initial nutritional counseling services.
- ! To continue to seek additional funding sources to support nutrition services in all appropriate areas.
- ! To expand Five-A-Day activities into at least two districts.

FY 2001 Objectives:

- ! To establish nutritional assessments on newly-admitted home health clients, where home health services exist.
- ! To establish nutrition staff positions in the Health Promotion/Education/Chronic Illness program.

FY 2002 Objectives:

- ! Establish and refine a career ladder for nutritionist staff in MSDH.
- ! Have all district and state-level nutritionists enrolled in or completed the Certified Public Manager Program or the South Central Public Health Leadership Institute.
- ! Revitalize the Nutrition Coalition and recruit members.
- ! To strengthen nutrition services in the STD/HIV program.

FY 2003 Objectives:

- ! To strengthen nutrition services in the TB and Home Health programs.
- ! To establish an effective system to recruit and retain nutrition staff.
- ! To develop a community nutrition internship.

FY 2004 Objectives:

- ! To expand nutritionists' career ladders and staff development opportunities.
- ! To establish a nutritionist position in the Child Care Licensure program.

Methodology: The Director of Nutrition Services and the WIC nutrition director will coordinate efforts in recruitment, retention, staff development, and improved career opportunities. State and district nutritionists will work collectively to expand the availability of nutrition services into more programs.

Evaluation: State level nutritionists, individually and in teams, will establish a system of assessing staff satisfaction and developing corrective action as appropriate. A dietary internship will be approved and monitored by the American Dietetic Association. Students' rate of successful completion of registration examination shall be evaluated. The staffing of programs in need of nutritional consultation will improve.

Support Needs: Effective utilization of nutrition staff will continue to depend on support and assistance of all MSDH offices. Support is also needed from other agencies, such as the Department of Human Services, State Personnel Board, Department of Education, Institutions of Higher Learning, and the American and Mississippi Dietetic Associations. To encourage effective working relationships with other agencies, nutritionists should be allowed opportunities to develop and maintain productive relationships with staff of these agencies.

PERSONNEL

Function and Role of the Unit: The Division of Personnel is responsible for the overall management of policies, procedures, rules, and regulations as they relate to personnel administration within the agency. This responsibility covers classification, compensation, employee relations, personnel transactions, performance appraisal, staff development, and compliance with federal and state laws regarding employment. These functions include the following:

- ! Process personnel transactions in accordance with State Personnel Board policies and procedures.
- ! Manage the employee performance appraisal system.
- ! Reallocate and reclassify positions.
- ! Revise class descriptions and specifications.
- ! Provide guidance and counseling on proposed disciplinary requests.
- ! Ensure agency compliance with state and federal laws, rules, and regulations relating to personnel management.
- ! Provide efficient, timely service in regard to employee benefits.
- ! Improve efficiency, productivity, and quality of service through the development of agency staff.

FY 2000 Objectives:

- ! To conduct more in-depth geographic salary surveys.
- ! To audit classifications/positions as indicated by need or request.
- ! To become more involved in recruitment, evaluation of job duties and responsibilities, and assessment of employee satisfaction.
- ! To develop a Personnel Office network.
- ! To provide training of each area of personnel to all office and district staff.
- ! To implement a SPAHRS pilot for maintenance of agency leave within the central office.

FY 2001 Objectives:

- ! To implement a SPAHRS pilot for statewide maintenance of agency leave.
- ! To conduct a statewide classification study of the MSDH occupational listings.
- ! To conduct a statewide study of consistency in the organizational structure.
- ! To develop an agency Personnel Manual.
- ! To provide training to all office and district staff to promote understanding of the purpose, policies, and practices of the state personnel system.
- ! To implement a pilot Employee Assistance Program.

FY 2002 Objectives:

- ! To abandon the agency leave system and use SPAHRS for reporting and maintenance of leave records.
- ! To abandon the agency PAR system and use SPAHRS for reporting and maintenance of PAR records.
- ! To conduct in-depth desk audits to determine appropriate classification of the agency's upper administration.
- ! To implement on-line access to SPAHRS to the county level.
- ! Revise the agency Personnel Manual.
- ! To add staff to create an Employee Assistance unit.

FY 2003 Objectives:

- ! To completely automate the submission of personnel action requests through SPAHRS.
- ! To review statewide classifications within the agency, as well as in comparison to other agencies' listing of occupational titles.
- ! To train office and district staff regarding available information through SPAHRS.
- ! To implement on-line submission of the agency personnel services budget request through SPAHRS.

FY 2004 Objectives:

- ! To implement the on-line entry of employee benefits through SPAHRS.
- ! To establish a recruitment unit within the Processing Branch to target hard to recruit technical and professional classes.
- ! To work with offices and districts to establish a personnel plan consistent with the needs of providing quality public health.

Support Needs: The Division will need assistance from the Office Directors, District Administrators, and the agency head in the development of programs and training. Network Operations will need to provide support in the development of a Personnel Office network and in providing access to SPAHRS to the county level.

PHARMACY

Function and Role of the Unit: For more than 20 years, the primary role of the Department of Pharmacy Services has been to provide prescription medications and clinic supplies for all patients served by the various county health departments who are enrolled in one or more public health programs. During its existence, the Pharmacy has been involved in a number of areas of public health. Continuous change has been observed as new areas of involvement have emerged. During FY 1999, the department replaced most of its personal computers (which were 286s and dumb terminals) with 486s and pentiums. Only the units in the IV room and the one used for production of clinic supply labels have not been replaced. Replacement of these units is in progress. The departmental mainframe was also replaced during the year, a move brought about by the lack of the older unit being Y2K-compliant. The software was also updated, at no cost to the agency, through the maintenance contract. In addition, it was learned during FY 1999 that the 15-year old clinic supply label maker was not Y2K-compliant, so another has been purchased. The compressor which services one of the walk-in freezers began giving problems during the year. It has been replaced with one which is considered heavy-duty, and an identical one has been ordered for the other freezer.

FY 2000 Objectives:

- ! To complete the purchase of supplies for the new clinic supply label maker and place the new unit in operation.
- ! To seek legislative revision of the Mississippi Uniform Controlled Substances Law.
- ! To complete replacement of the compressors which provide the cooling for the walk-in refrigerator and two freezers.
- ! To revise and reprint the MSDH Pharmacy Formulary.

FY 2001 Objectives:

- ! To purchase a new printer for the secretary's office.
- ! To send the old tablet counter back to the factory for refurbishing.
- ! To examine the need for a Controlled Substances bill and, if indicated, seek a legislative revision.

FY 2002 Objectives:

- ! To revise and reprint the MSDH Pharmacy Formulary.
- ! If indicated, seek legislative revision in the Mississippi Uniform Controlled Substances Law.

FY 2003 Objectives:

- ! If indicated, seek legislative revision in the Mississippi Uniform Controlled Substances Law.
- ! To examine the need for replacing any computer equipment which may be beginning to fail.

FY 2004 Objectives:

- ! To revise and reprint the MSDH Pharmacy Formulary.
- ! If indicated, seek legislative revision in the Mississippi Uniform Controlled Substances Law.

External Factors: Significant external factors which will affect the ability of this program to accomplish its objectives include the continued ability to recruit, train, and retain competent staff (pharmacists & support staff). Such will be possible only if salaries remain at least marginally competitive. Other factors include the continued ability to utilize a state-of-the-art computer system.

Support Needs:

The latest computer system should increase efficiency to some extent. Other needs include continued PC support from the agency's Data Processing Division.

POLICY AND PLANNING

Function and Role of the Unit: The Policy and Planning Unit functions as a staff office to the State Health Officer in the areas of policy development and analysis, planning, evaluation, operational auditing, and financial and management analysis. Staff analysts review policies, procedures, grant applications, and project-related contracts for accuracy, appropriateness, and consistency with agency goals and objectives prior to submission to the State Health Officer. The office is responsible for coordinating short-term and long-range planning for the agency, including coordination of general legislative activities, and for evaluating the performance and impact of programs and support units. Policy and Planning is also responsible for coordination of the agency's reporting obligations to the Public Health Foundation of the Association of State and Territorial Health Officials. Staff conduct analyses of health status or service delivery problems and coordinate the implementation of recommended solutions.

In addition, the Policy and Planning Unit includes the agency's Division of Tobacco Policy and Prevention. The goals of the tobacco program are (1) to reduce youth initiation of tobacco use; (2) to increase tobacco cessation for youth and adults; and (3) to reduce exposure to environmental tobacco smoke. Staff serve on a regional tobacco control network and as liaisons to other agencies. Staff also coordinate functions of the Mississippi Tobacco-Free Coalition, whose mission is to accomplish Year 2010 goals related to tobacco prevention. The MSDH is an active participant in the Partnership for a Healthy Mississippi, with activities intended to raise awareness and increase community involvement in tobacco prevention activities. The unit develops and administers the statewide tobacco prevention and control plan. Development of the plan involves public input, advice from decision-makers, and research-based program methodology. The MSDH administers federal tobacco funding for prevention and education efforts, as well as statewide and local efforts included in the Mississippi tobacco settlement.

FY 2000 Objectives

- ! To prepare the agency's Operational Plan and Strategic Plan, which together will include objectives for all program and support units, as well as each district, ensuring that all units' strategic plans mirror and reiterate their respective operational plans.
- ! To prepare a legislative agenda for the 2000 legislative session, based upon plan objectives and needs; and upon approval of the Board, submit to appropriate legislators for introduction, including previously failed agency-sponsored legislation for which a need still exists.
- ! To monitor the status of all active bills during the legislative session which have potential impact upon the agency and its employees.
- ! To monitor the availability of grant funding and notify program staff of requests for proposals.
- ! To provide technical assistance to program and district staff in the preparation of grant applications and requests for proposals.
- ! To review all grants, subgrants, policies, procedures, and outside contracts prior to submission to the State Health Officer.
- ! To conduct a comprehensive program evaluation of at least one major programmatic area.
- ! To coordinate the School Health Nurse for a Tobacco-Free Mississippi pilot program.
- ! To serve as project coordinator for the Mississippi Tobacco-Free Coalition.
- ! To provide technical assistance in developing a no-smoking ordinance or policy for 20 municipalities.
- ! To work with one public health district to convene all funded pilot interventions.
- ! To provide smokeless tobacco prevention materials to 154 school districts.
- ! To develop a proposal for a Mississippi tobacco prevention institute.
- ! To develop a Mississippi tobacco plan which includes input from policy makers, residents, and youth.
- ! To develop at least three strategies to reduce the burden of tobacco use in minority communities.
- ! To develop a concept paper about the role of work sites in tobacco prevention and control.
- ! To coordinate the evaluation of the overall, school nurse, law enforcement, media, and community components.

- ! To design a needs assessment of district capacity for health promotion and for tobacco prevention, control, and cessation.
- ! To inform policy makers about the role of public health in the tobacco settlement.
- ! To complete an assessment and distribute results of a study regarding tobacco related negative birth outcomes in public health settings.

FY 2001 Objectives

- ! To prepare the agency's Operational Plan and Strategic Plan, which together will include objectives for all program and support units, as well as each district, ensuring that all units' strategic plans mirror and reiterate their respective operational plans.
- ! To prepare a legislative agenda for the 2001 legislative session, based upon plan objectives and needs; and upon approval of the Board, submit to appropriate legislators for introduction, including previously failed agency-sponsored legislation for which a need still exists.
- ! To monitor the status of all active bills during the legislative session which have potential impact upon the agency and its employees.
- ! To monitor the availability of grant funding and notify program staff of requests for proposals.
- ! To provide technical assistance to program and district staff in the preparation of grant applications and requests for proposals.
- ! To review all grants, subgrants, policies, procedures, and outside contracts prior to submission to the State Health Officer.
- ! To conduct a comprehensive program evaluation of at least one major programmatic area.
- ! To provide technical assistance to local community programs to reduce tobacco use.
- ! To distribute results of the Mississippi Tobacco Pilot Program evaluation.
- ! To assure collaboration among tobacco-related disease programs such as CVD, asthma, and cancer.
- ! To expand the School Health Nurse for a Tobacco-Free Mississippi program to at least 50 new schools.
- ! To offer cessation training to youth and adults in at least four public health districts.
- ! To conduct and analyze results of a school administrative survey.

FY 2002 Objectives

- ! To prepare the agency's Operational Plan and Strategic Plan, which together will include objectives for all program and support units, as well as each district, ensuring that all units' strategic plans mirror and reiterate their respective operational plans.
- ! To prepare a legislative agenda for the 2002 legislative session, based upon plan objectives and needs; and upon approval of the Board, submit to appropriate legislators for introduction, including previously failed agency-sponsored legislation for which a need still exists.
- ! To monitor the status of all active bills during the legislative session which have potential impact upon the agency and its employees.
- ! To monitor the availability of grant funding and notify program staff of requests for proposals.
- ! To provide technical assistance to program and district staff in the preparation of grant applications and requests for proposals.
- ! To review all grants, subgrants, policies, procedures, and outside contracts prior to submission to the State Health Officer.
- ! To conduct a comprehensive program evaluation of at least one major programmatic area.
- ! To publish the Mississippi Tobacco Plan.
- ! To conduct and analyze the Youth Tobacco Survey.
- ! To report trends in tobacco use for youth and adults.

FY 2003 Objectives

- ! To prepare the agency's Operational Plan and Strategic Plan, which together will include objectives for all program and support units, as well as each district, ensuring that all units' strategic plans mirror and reiterate their respective operational plans.

- ! To prepare a legislative agenda for the 2003 legislative session, based upon plan objectives and needs; and upon approval of the Board, submit to appropriate legislators for introduction, including previously failed agency-sponsored legislation for which a need still exists.
- ! To monitor the status of all active bills during the legislative session which have potential impact upon the agency and its employees.
- ! To monitor the availability of grant funding and notify program staff of requests for proposals.
- ! To provide technical assistance to program and district staff in the preparation of grant applications and requests for proposals.
- ! To review all grants, subgrants, policies, procedures, and outside contracts prior to submission to the State Health Officer.
- ! To conduct a comprehensive program evaluation of at least one major programmatic area.
- ! To involve youth in attempts to counter pro-tobacco influences.
- ! To analyze and report results of the YRBS and BRFS tobacco data.

FY 2004 Objectives

- ! To prepare the agency's Operational Plan and Strategic Plan, which together will include objectives for all program and support units, as well as each district, ensuring that all units' strategic plans mirror and reiterate their respective operational plans.
- ! To prepare a legislative agenda for the 2004 legislative session, based upon plan objectives and needs; and upon approval of the Board, submit to appropriate legislators for introduction, including previously failed agency-sponsored legislation for which a need still exists.
- ! To monitor the status of all active bills during the legislative session which have potential impact upon the agency and its employees.
- ! To monitor the availability of grant funding and notify program staff of requests for proposals.
- ! To provide technical assistance to program and district staff in the preparation of grant applications and requests for proposals.
- ! To review all grants, subgrants, policies, procedures, and outside contracts prior to submission to the State Health Officer.
- ! To conduct a comprehensive program evaluation of at least one major programmatic area.
- ! To conduct and analyze the YTS.

Support Needs: Accomplishment of objectives for planning, evaluation, legislation, reporting, grant and contract development, and policy development require the cooperation and support of every unit within the agency. Tobacco Policy and Prevention relies on support from within the public health system (e.g, chronic illness, health promotion), and from outside entities. Because tobacco prevention is most successful when a comprehensive approach is employed, the division works closely with the Partnership for a Healthy Mississippi; the Departments of Education and Mental Health; voluntary agencies such as the American Heart Association, the American Cancer Society, and the American Lung Association; universities; and communities and coalitions.

PUBLIC HEALTH NURSING

Function and Role of the Unit: The role of the State Health Officer Public Health Nursing Unit is to provide nursing leadership to the agency in order to facilitate the service-oriented processes of program design and implementation, quality assurance, nursing staff development and evaluation, and health care delivery. This office carries out the role utilizing a variety of approaches:

- ! development, implementation, and evaluation of standards of public health nursing practice and nursing process.
- ! consultation across programs, bureaus, and districts regarding service delivery at the local county health department and district levels.
- ! ongoing review and planning for nursing staffing throughout the agency.
- ! participation in health services policy and program development.
- ! liaison with nursing schools and other professional groups that interface with public health nursing.
- ! coordination of special projects within the agency that impact nursing practice.
- ! consultation and policy formation regarding continuing education, advanced education, and role changes.

The challenges facing public health nursing over the next few years will be related to the role and function of the public health nurses at the local level. The previous trend of providing direct health care services has diminished. Direct care services decreased with the statewide expansion of managed care and the availability of clinicians to provide health care for populations who traditionally received services provided by the health department. The change for public health nurses will be a role redefinition which incorporates the public health core functions. Support and guidance in the comprehension and creativity of making this transition are priorities for OSHO Public Health Nursing for the next three to five years.

The FY 1999 objectives have been met in full or altered and addressed in partial form. Quality assurance processes have continued. The nursing reclassification package was implemented in August 1998 with funding for the nursing career ladder. The certification examination component of the nursing career ladder was completed and implemented in May 1999. The scholarship committee supported those nurses requesting assistance for advanced nursing education. Each health district provided annual exposure control updates for employees at risk for airborne and/or blood exposure. Medical aide in-service training was provided by OSHO PHN in two health districts. In addition, each district included the medical aide in the health districts' annual district-wide in-service meeting. PIMS training programs were conducted for the nursing staff. The public health nurse orientation class was revised to reflect the definition and examples of the public health core functions. The Mississippi Public Health Association Nursing Section has taken an increased leadership role in public health nursing interests and concerns.

FY 2000 Objectives:

- ! To continue support of public health nurses obtaining BSN and higher degrees, as well as relevant public health nursing continuing education.
- ! To support and/or provide continuing education opportunities for public health nurses providing care in culturally diverse environments.
- ! To provide continuing education to define the role of public health nurses in environmental health issues.
- ! To encourage public health nurses to participate in state and national nursing organizations as representatives of public health nursing interests, concern, and expertise.
- ! To continue PIMS computer training for nursing staff.
- ! To provide technical assistance/consultation to programs and counties for incorporating the public health core functions.
- ! To assess current educational preparation of nurses in each district.
- ! To continue implementation of the certification examination component of the nursing career ladder.
- ! To participate in county and district ongoing quality assurance processes.

FY 2001 Objectives:

- ! To continue support of public health nurses obtaining BSN and higher degrees, as well as relevant public health nursing continuing education.
- ! To support and/or provide continuing education opportunities for public health nurses providing care in culturally diverse environments.
- ! To repeat continuing education activities defining the role of public health nurses in environmental health issues.
- ! To provide continuing education regarding the utilization of data for management decisions and health planning.
- ! To provide training for grant writing for state and district level nurses.
- ! To assist and support the Office of Staff Development in the completion of a needs assessment.
- ! To encourage public health nurses to participate in state and national nursing organizations as representatives of public health nursing interests, concern, and expertise.
- ! To continue PIMS computer training for nursing staff.
- ! To provide technical assistance/consultation to programs and counties for incorporating the public health core functions.
- ! To continue implementation of the certification examination component of the nursing career ladder.
- ! To participate in county and district ongoing quality assurance processes.
- ! To evaluate a prospective workload/staffing system that supports planning for health services, including the incorporation of public health core function activities.
- ! To provide a nursing leadership conference.

FY 2002 Objectives:

- ! To continue support of public health nurses obtaining BSN and higher degrees, as well as relevant public health nursing continuing education.
- ! To support and/or provide continuing education opportunities for public health nurses providing care in culturally diverse environments.
- ! To encourage public health nurses to participate in state and national nursing organizations as representatives of public health nursing interests, concern, and expertise.
- ! To continue PIMS computer training for nursing staff.
- ! To provide technical assistance/consultation to programs and counties for incorporating the public health core functions.
- ! To continue implementation of the certification examination component of the nursing career ladder.
- ! To participate in county and district ongoing quality assurance processes.
- ! To evaluate a prospective workload/staffing system that supports planning for health services, including the incorporation of public health core function activities.
- ! To provide a public health nurse practice update statewide.

FY 2003 Objectives:

- ! To continue support of public health nurses obtaining BSN and higher degrees, as well as relevant public health nursing continuing education.
- ! To support and/or provide continuing education opportunities for public health nurses providing care in culturally diverse environments.
- ! To encourage public health nurses to participate in state and national nursing organizations as representatives of public health nursing interests, concern, and expertise.
- ! To continue PIMS computer training for nursing staff.
- ! To provide technical assistance/consultation to programs and counties for incorporating the public health core functions.
- ! To continue implementation of the certification examination component of the nursing career ladder.
- ! To participate in county and district ongoing quality assurance processes.
- ! To provide training regarding the implementation of a prospective workload/staffing system that supports planning for health services, including the incorporation of public health core function activities.
- ! To provide a nursing leadership conference.

FY 2004 Objectives:

- ! To continue support of public health nurses obtaining BSN and higher degrees, as well as relevant public health nursing continuing education.
- ! To support and/or provide continuing education opportunities for public health nurses providing care in culturally diverse environments.
- ! To encourage public health nurses to participate in state and national nursing organizations as representatives of public health nursing interests, concern, and expertise.
- ! To continue PIMS computer training for nursing staff.
- ! To provide technical assistance/consultation to programs and counties for incorporating the public health core functions.
- ! To continue implementation of the certification examination component of the nursing career ladder.
- ! To participate in county and district ongoing quality assurance processes.
- ! To evaluate the implementation of a prospective workload/staffing system that supports planning for health services, including the incorporation of public health core function activities.

Support Needs: Support will be needed from district and state level nursing staff, the bureau chiefs, the district health officers, and the district administrators for the completion of public health nursing continuing education and training. Support will also be needed from Policy and Planning, Field Services, and Staff Development as phases of continuing education are developed and implemented. Support from sources outside the agency, such as the Board of Nursing, schools of nursing, and others with nursing related expertise, will be requested as needed.

SOCIAL SERVICES

Function and Role of the Unit: The role of public health social work has become integral to the delivery of public health services. The unit's functions include specific services to public health program areas, client populations and the community in keeping with the overall mission of the agency. These shall include policy and program planning and implementation, quality assurance, consultation, education, and evaluation. These tasks are accomplished by the following methods:

- Applying comprehensive knowledge of social work in making decisions regarding program development and recommendations for the execution of policy.
- Developing staffing patterns and statewide standards for social work in public health programs.
- Providing consultation to central office, district and county health department staff regarding social service intervention.
- Assisting in the recruitment of social work staff.
- Serving as a liaison between the agency and the community in the development of community resources.
- Developing in-service training programs for social work staff and health department staff, as appropriate.
- Providing consultation and training in public health concepts and methods to schools of social work through student field placements.

The objectives for FY 1999 were partially met, in that the agency has expanded its bilingual capacity to address the Hispanic patient needs through a contractual agreement with Methodist Hispanic Ministries for training interpreters to meet the needs of patients in the Scott county area. This contract was funded through the SSDI grant. Additionally psychosocial assessments and appropriate follow-up was provided to health department patients referred for social risk factors. However, due to budgetary restraints, no social work consultant positions were developed in Community Health Services; nor were social work services expanded in the family planning program. Finally, social work staff has not been increased to provide full coverage to all counties. Systems are being established to examine staffing patterns and develop strategies for maximizing staff time by setting priorities for service delivery.

FY 2000 Objectives:

- To support the delivery of PHRM services in all 82 counties.
- To continue to incorporate the interdisciplinary approach, where appropriate, in the provision of services.
- To develop an orientation policies and procedures guide for public health social workers.
- To support public health social workers to obtain MSW degrees and continuing education for licensure.
- To incorporate a social work component into the HIV/STD and TB programs.
- To hold one statewide training conference for all public health social workers.
- To participate in the implementation of the CHIP program in all phases.

FY 2001 Objectives:

- To support public health social workers to obtain MSW degrees and continuing education for licensure.
- To implement a social work career ladder and salary realignment.
- To hold one statewide training conference for all public health social workers.
- To implement a workload priority system for social work delivery.
- To incorporate social work issues into plans for implementation through all agency programs, as appropriate.
- To continue to participate in the quality assurance process.
- To continue to participate in local, state and national organizations as representatives of public health social work interests and concerns.
- To support the expansion of social work staff statewide.

FY 2002 Objectives:

- To develop State Level Social Work Consultants positions in the CHIP, STD/HIV, Health Promotion, Children's Medical Program, Cervical & Breast Cancer, and Family Planning programs.
- To continue to support a social work career ladder.
- To continue to provide field placement opportunities for social work students.
- To promote a public health social work concentration in the two Master of Social Work programs.
- To continue to support public health social workers to obtain a MSW and continuing education for licensure.
- To continue to participate in the interdisciplinary quality assurance team to assure quality services.
- To continue to participate in the implementation and outreach efforts in the CHIP program

FY 2003 Objectives:

- To develop a forum for examining public health social work practice within a changing health and welfare environment.
- To develop new conceptualization of public health social work practice and ways to prepare practitioners to promote the health of the public.
- To forge partnerships and enhance communication and collaboration among social work and public health professionals and educators involved in continuing education for public health social workers.
- To recognize mental health issues, such as suicide and depression, as public health concerns and participate in the development and implementation of strategies to address these issues.
- To participate in the development of school health programs.
- To continue to forge relationships with the Early Intervention program to provide comprehensive services to families and children.
- To continue to provide continuing education opportunities for public health social workers to maintain licensure.

FY 2004 Objectives:

- To support a career ladder and realignment of social work positions.
- To continue to support social workers to obtain MSW degrees and continuing education for licensure.
- To provide leadership development opportunities for public health social workers.
- To continue to participate in the interdisciplinary quality assurance team to monitor and evaluate the quality of service delivery.
- To continue to participate in the implementation and outreach efforts in the CHIP program.
- To incorporate social work issues into program plans, where appropriate, throughout the agency.
- To continue the development of a forum for examining public health social work practice with a changing health and welfare environment.

Methodology: Existing services will be continued as described, with a focus on improving effectiveness and quality assurance. With a continuing long-term goal of providing efficient county-based social services, all available funding mechanisms will continue to be sought. Foremost of those is the Medicaid-reimbursable Perinatal High Risk Management social work program.

Evaluation: District social work supervisors review annual district social work plans and revise objectives for a more effective program in the following year. They audit patient records and observe patient interviews to ensure quality of social service interventions. The Perinatal High Risk Management team makes frequent site visits to review psychosocial services, care coordination, and program management. Additionally, quality assurance reviews are conducted in each district by the Field Services Review Team.

Support Needs: Support services will be needed from district and state level staff for the completion of social work continuing education and training. Additionally, support is needed from state and district staff in developing priorities for utilizing existing staff in expanding programs.

STAFF DEVELOPMENT

Function and Role of the Unit: The role of Staff Development is to improve efficiency, productivity, and quality of service through the development of agency staff. This function involves the following activities:

- ! Evaluating staff training/education needs, developing an ongoing staff development plan to address those needs, and monitoring and evaluating its effectiveness.
- ! Providing technical assistance to staff in developing, conducting, and locating resources for training.
- ! Providing audiovisual equipment for training sessions.
- ! Administering the scholarship, Certified Public Manager (CPM), Basic Supervisory Course (BSC), nurse practitioner, and South Central Public Health Leadership Institute (SCPHLI) programs.
- ! Reviewing out-service training requests.
- ! Evaluating the impact of training conducted by personnel in Staff Development.
- ! Increasing the number of workshops offered by personnel in Staff Development.
- ! Maintaining agency-wide training records and coordinate Distance Learning programs for the agency.

FY 2000 Objectives:

- ! Coordinate participation of agency personnel in out-service training programs.
- ! Coordinate the agency's scholarship programs, including but not limited to CPM, BSC, and SCPHLI.
- ! Publish and distribute *The Healthy Secretary*, a quarterly newsletter for clerical staff.
- ! Publicize and encourage participation in Distance Learning programs; provide training to Distance Learning facilitators in each district; provide assistance to districts in maintaining satellite receiver dishes.
- ! Begin development of a Distance Learning network within Mississippi.
- ! Complete revision of the Employee Orientation Manual and revise the employee orientation program to include participation at the District and County levels.
- ! Create a database program for agency-wide training records and convert to the new system; new system will enable staff to provide regular training reports.
- ! Continue efforts to reallocate PINS within the Staff Development Office to more accurately reflect the work and responsibilities of program staff; request at least one more PIN to increase the work capacity and effectiveness of the program.
- ! Continue provision of computer training for agency employees at the Central Office level and increase provision of computer training for agency employees at the District and County levels.
- ! Provide assistance to other programs as needed/requested to organize and conduct conferences, training programs, and meetings.
- ! Coordinate the agency's in-service and out-service training schedules.
- ! Assume coordination of reservations for conference rooms at the Central Office.

FY 2001 Objectives:

- ! Coordinate participation of agency personnel in out-service training programs.
- ! Coordinate the agency's scholarship programs, including but not limited to CPM, BSC, and SCPHLI.
- ! Publish and distribute *The Healthy Secretary*, a quarterly newsletter for clerical staff.
- ! Publicize and encourage participation in Distance Learning programs; provide assistance to districts in maintaining satellite receiver dishes.
- ! Continue development of a Distance Learning network within Mississippi.
- ! Provide regular training reports as needed/requested to agency staff.
- ! Request at least one more PIN to increase the work capacity and effectiveness of the program.
- ! Continue provision of computer training for agency employees at the Central Office, District, and County levels.
- ! Provide assistance to other programs as needed/requested to organize and conduct conferences, training programs, and meetings.
- ! Coordinate the agency's in-service and out-service training schedules.
- ! Continue coordination of reservations for conference rooms at the Central Office.

- ! Begin work on Orientation program for new managers within the agency.
- ! Conduct an agency-wide Needs Assessment of training.

FY 2002 Objectives:

- ! Coordinate participation of agency personnel in out-service training programs.
- ! Coordinate the agency's scholarship programs, including but not limited to CPM, BSC, and SCPHLI.
- ! Publish and distribute *The Healthy Secretary*, a quarterly newsletter for clerical staff.
- ! Publicize and encourage participation in Distance Learning programs; provide assistance to districts in maintaining satellite receiver dishes.
- ! Continue development of a Distance Learning network within Mississippi.
- ! Provide regular training reports as needed/requested to agency staff.
- ! If prior requests are not granted, continue to request at least one more PIN to increase the work capacity and effectiveness of the program.
- ! Continue provision of computer training for agency employees at the Central Office, District, and County levels.
- ! Provide assistance to other programs as needed/requested to organize and conduct conferences, training programs, and meetings.
- ! Coordinate the agency's in-service and out-service training schedules.
- ! Continue coordination of reservations for conference rooms at the Central Office.
- ! Continue Orientation program for new employees.
- ! Complete Orientation program for new managers within the agency and begin providing that training as needed, based on agency assessment.
- ! Plan training schedule based on FY 2001 Needs Assessment of training; begin implementation of identified training needs.

FY 2003 Objectives:

- ! Coordinate participation of agency personnel in out-service training programs.
- ! Coordinate the agency's scholarship programs, including but not limited to CPM, BSC, and SCPHLI.
- ! Publish and distribute *The Healthy Secretary*, a quarterly newsletter for clerical staff.
- ! Publicize and encourage participation in Distance Learning programs; provide assistance to districts in maintaining satellite receiver dishes.
- ! Continue development of a Distance Learning network within Mississippi.
- ! Provide regular training reports as needed/requested to agency staff.
- ! If prior requests are not granted, continue to request at least one more PIN to increase the work capacity and effectiveness of the program.
- ! Continue provision of computer training for agency employees at the Central Office, District, and County levels.
- ! Provide assistance to other programs as needed/requested to organize and conduct conferences, training programs, and meetings.
- ! Coordinate the agency's in-service and out-service training schedules.
- ! Continue coordination of reservations for conference rooms at the Central Office.
- ! Continue Orientation program for new employees and new managers; revise as needed.
- ! Implement employee training schedule based on FY 2002 needs assessment of training.

FY 2004 Objectives:

- ! Coordinate participation of agency personnel in out-service training programs.
- ! Coordinate the agency's scholarship programs, including but not limited to CPM, BSC, and SCPHLI.
- ! Publish and distribute *The Healthy Secretary*, a quarterly newsletter for clerical staff.
- ! Publicize and encourage participation in Distance Learning programs; provide assistance to districts in maintaining satellite receiver dishes.
- ! Continue development of a Distance Learning network within Mississippi.
- ! Provide regular training reports as needed/requested to agency staff.

- ! If prior requests are not granted, continue to request at least one more PIN to increase the work capacity and effectiveness of the program.
- ! Continue provision of computer training for agency employees at the Central Office, District, and County levels.
- ! Provide assistance to other programs as needed/requested to organize and conduct conferences, training programs, and meetings.
- ! Coordinate the agency's in-service and out-service training schedules.
- ! Continue coordination of reservations for conference rooms at the Central Office.
- ! Continue Orientation programs for new employees and new managers; revise as needed.
- ! Continue implementation of planned training schedule based on FY 2003 Needs Assessment.
- ! Prepare for FY 05 Needs Assessment for employee training.

Support Needs: Coordination with Field Services and the Information Systems Consulting Group is essential in developing and implementing programs for computer training within the agency. Assistance from Communications and Public Relations will be needed for production of the quarterly newsletter and in creating artwork for training materials. Assistance of all offices will be needed in revising, creating, and conducting the Orientation programs for new employees and managers. Print Shop assistance will be necessary for printing the orientation manuals, materials for workshops, and the quarterly newsletter. Input is needed from the districts and program areas in determining the needs specific to their staff and in scheduling training sessions. Agency-wide cooperation will also be necessary to complete Needs Assessment of employee training. Assistance from System Coordination needed in creating database and transferring records.